District I PO Box 1980, Hobbs, NM 88241-1980

 District RC PO Drawer DD, Artesia, NM 88211-0719

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico nergy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C-104 Revised February 10, 1994

Instruction on back

Submit to Appropriate District Office 5 Copies

District IV PO Box 2088, S	anta Fe,	NM 875	04-2088	3										AMENE	DED	REP	ORT	
1.		R					BLE	AND	AUT	HOR	IZA	TION TO						
¹ Operator Name and Address DOYLE HARTMAN										² OGRID Number								
		D. Box	ox 10426 i, TX 79701								Р сн	³ Reason for Filing Code EFFECTIVE			01	199		
⁴ API Number								⁵ Pool Name IATTIX;7 RVRS-Q-GRAYBU				26	⁶ Pool Code 37240					
30 - 025 - 26105 7 Property Code				⁸ Property N						Name				⁹ Well Number				
	67 /Y	Local	tion			ARI	NOTT F	RAMSA`	Y (NC	T-B)				<u> </u>	5	•	<u></u>	
			Townshi	p Range	Range Lot I		dn. Feet from		ne North/South Line		Line	Feet from the East		st/West Line		County		
0 3		2	25S	37E			330	330		SOUTH		1650	}	EAST		LEA		
		Hole L		т					N. 11.15									
UI or Lot. No. Secti		on Township		Range	Range Lot Idn		Feet from the		North/South Line		e F	Feet from the East/W		Vest Line		County		
12 Lse Code 13 Prod		ucing Method Cod		de ¹⁴ Gas	14 Gas Connection		e 15 C-129 Pe		ermit Number 16 C		¹⁶ C	-129 Effective	9 Effective Date		Expir	iration Date		
III. Oil and	d Gas		spor	ters										1				
¹⁸ Transporter OGRID			1	⁹ Transporte and Ad			²⁰ PC	POD 21 C		;			ULSTR Location nd Description					
022628				W MEXICO				410										
020809					r.a., DENVER,CO 80217 SON GASOLINE CO.			7074	30	0 G								
020000		201 MAIN,STE. 2300,FT				02												
<u></u>																		
IV. Produ		vater	· · · · · ·				²⁴ F	POD ULS	TR Loc	cation an	d De	scription						
		letion	Data	···								·						
V. Well Completi			Data	²⁶ Ready I	Date		²⁷ TD				²⁸ PBTD		²⁹ Perfor		oratior	าร		
³⁰ Hole		Size		³¹ Casing & T		Tubing S	ubing Size		32		Depth Set			³³ Sacl		ks Cement		
													<u> </u>					
		·											<u> </u>	<u> </u>				
VI. Well Test Data 34 Date New Oil 35 Gas Delivery Date 36 Test I									37 T	act Longt	eh.	38 Th	Proces	ıro T	39 Cc	a Pro	ecuro	
Date New Oil		Gas Dell		elivery Date	ivery Date		rest Date		³⁷ Test Length		111	³⁸ Tbg. Pressu		are	³⁹ Csg. P		ssure	
⁴⁰ Choke Size			⁴¹ O		42		Nater		⁴³ Gas			⁴⁴ AOF			⁴⁵ Test Method		ethod	
⁴⁶ I hereby cer with and that	tify that t	he rules mation g	of the O	il Conservati	on Divisior	n have b	een con	mplied of my		OII	_ C	ONSERV	ATIO	N DIVIS	1018	1		
knowledge and belief. Signature:										Approved by: ORIGINAL STONED BY STITEM EDICTON DISTRICT I SUPPRINTSOR								
Printed Name: Doyle Hartman									Title:									
Title: Part Owner/Operator					or					Approved Date:				UL & 6 1995				
Date: July 23, 1996 Phone: (915) 684-4011																		
								revious op	perator	CHE	/RO	N U.SA., INC	D.	4323	u danker. Abi	·		
Pre	vious Q	berator Si	gnature		.		Print	ed Name				Title		·	Da	ate ,		

HMesser

Submit 5 Copies Ammopriate District Office Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico J, Minerals and Natural Resources Departme

 $\rho_{\mathcal{S}_{\mathcal{O}_{\mathcal{Q}}}}$

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Well API No Operator 30-025-26105 Chevron U.S.A., Inc. Address P.O. Box 1150 Midland, TX 79702 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Dry Gas Recompletion Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease No. B-229 Arnott Ramsay (NCT-B) Langlie Mattix State Location .330 Feet From The South Line and 1650 . Unit Letter O Feet From The East Line Range 37E 32 25\$ Township , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Nume of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) X Sid Richardson Carbon & Gasoline 201 Main St., Suite 3000, Ft. Worth, TX 76102 When ? If well produces oil or liquids, Soc. Twp is gas actually connected? give location of tanks. Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA <u>- Eff. 3/1/93</u> New Well Workover Oil Well Gas Well Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Leagth of Test Casing Pressure Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pilot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 23'92 is true and complete to the best of my knowledge and belief. Date Approved _ ORIGINAL SIGNED BY JERRY SEXTON DISTRICT T SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

FOR RECORD ONLY

ADD 3 0 1993

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Tech Assistant Title

(915)687-7148

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Printed Name

Date

J. K. Ripley

1/9/92

RECEIVED

APR 2.8 **199**3

CCD HOBBS CT

Submit 5 Copies
Appropriate District Office Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E. y, Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89 e instructi attom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30-025-26105 Chevron U.S.A., Inc. Address P.O. Box 1150 Midland, TX 79702 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of New Well Dry Gas Oil Recompletion Casinghesd Gas X Condensate Change in Operator If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation B-229 Langlie Mattix Arnott Ramsay (NCT-B) State Location _ ;330 Feet From The South Line and 1650 __ Feet From The East Unit Letter O Range 37E County 25\$, NMPM, 32 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Jevas NM Pupeline
Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) X or Dry Gas 201 Main St., Suite 3000, Ft. Worth, TX 76102 Sid Richardson Carbon & Gasoline is gas actually connected? When? Twp. Ree. Sec. If well produces oil or liquids, Unit Yes Unknown rive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Too Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Leagth of Test Water - Bbls Gas- MCF Actual Prod. During Test Oil - Bbls. GAS WELL Gravity of Condensate Rbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Tech Assistant

Printed Name 1/9/92 Date

Title (915)687-7148 Telephone No.

OIL CONSERVATION DIVISION

JAN 23'92

Date Approved __

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT | SUPERVISOR

Title_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.