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Appropriate District Office
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P. O. Box 1980, Hobbs, NM 88240

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P. O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT - 6 1993

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

I.

Operator Chevron U.S.A., Inc.	Well API No. 30 - 015-27533
Address P. O. Box 1150, Midland, TX 79702	
Reason (s) for Filling (check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) 1/29/94	
If chance of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lentini 1 Federal	Well No. 1	Pool Name, Including Formation Herradura Bend East Delaware	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter D : 0500 Feet From The North Line and 400 Feet From The West Line Section 01 Township 23S Range 28E , NMPM, Edd, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604				
Name of Authorized Transporter of Casinghead Gas Continental Natural Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1412 S. Boston, Suite, 500, Tulsa, OK 74119				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 01	Twp. 23S	Rge. 28E	Is gas actually connected ? Yes	When ? Unknown 10-6-93

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded 07/20/93	Date Compl. Ready to Prod. 08/18/93		Total Depth 6400		P. B. T. D. 6311			
Elevations (DF, RKB, RT, GR, etc.) 3063' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6021		Tubing Depth 6196			
Perforations 6021'-6128'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 514'		SACKS CEMENT 575			
7-7/8"	5-1/2"		6400'		1300			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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)			
Date First New Oil Run To Tank 08/18/93	Date of Test 9/17/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 40#	Choke Size W.O.
Actual Prod. During Test 312	Oil - Bbls. 97	Water - Bbls. 215	Gas - MCF 275

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

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.

J. K. Ripley
Signature

J. K. Ripley

T.A.

Printed Name

Title

9/30/93

(915)687-7148

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 18 1993**

By **ORIGINAL SIGNED BY**

MIKE WILLIAMS

Title **SUPERVISOR, DISTRICT II**

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.