

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U.S.A. Inc.

Address
P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>H.T. MATTERN (NCT-B)</u>	Well No. <u>25</u>	Pool Name, including Formation <u>DRINKARD</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location Unit Letter <u>G</u> ; <u>1400</u> Feet From The <u>NORTH</u> Line and <u>2600</u> Feet From The <u>EAST</u> Line of Section <u>31</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>LEA</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>TEXAS NM PIPELINE</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, HOBBS, NM 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589, TULSA, OK 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>YES</u>	When <u>UNKNOWN</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

I. 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 is true and complete to the best of my knowledge and belief.

Elvin Allen for CCM
(Signature)
New Mexico Area Supt.
(Title)
2-4-88
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 11 1988, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

7. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-5-89	Date Compl. Ready to Prod. 1-9-88	Total Depth 6830			P.B.T.D. 6697			
Devotions (DF, RKB, RT, CR, etc.) 3497	Name of Producing Formation DRINKARD	Top Oil/Gas Pay			Tubing Depth 6660.74			
Perforations 6569, 6575, 6582, 6588, 6595, 6611, 6621, 6627, 6633, 6639, 20 HOLES "GUNS. 180° PHASE						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	11 3/4"	417'	300 SK CLASS C CIRC.
11"	8 5/8"	2564'	800 SK CLASS C CIRC.
7 7/8"	5 1/2"	6830'	1250 SK CLASS H CIRC.

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)

Date First New Oil Run To Tanks 1-9-88	Date of Test 2-2-88	Producing Method (Flow, pump, gas lift, etc.) plump	
Length of Test 24	Tubing Pressure 100	Casing Pressure 95	Choke Size 2" W0
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 24	Gas - MCF 70

AS WELL

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

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