

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A. Inc		Well API No. 30-025-08763
Address P.O. Box 1150, Midland, TX 79702		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) Request well name change from the Harry Leonard (NCT-D) #12 to the W.A. Ramsey A Com #3.
Recompletion <input checked="" type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. A. Ramsey (NCT-A) Com	Well No. 3	Pool Name, including Formation Jalmat Gas	Kind of Lease State, Federal or Foreign	Lease No.
Location				
Unit Letter <u>C</u>	: <u>660</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>West</u>	Line
Section <u>3</u>	Township <u>22S</u>	Range <u>36E</u>	<u>NMPM</u>	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil N.A.	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas Northern Natural Gas Company	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St. Omaha, N.E. 68102
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? Yes	When? 4/2/91

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 XX	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v XX
Date Produced workover began 02/01/91	Date Compl. Ready to Prod. 02/11/91	Total Depth 3830'	P.B.T.D. 3665'					
Elevations (DF, RKB, RT, GR, etc.) 3547' GR	Name of Producing Formation Jalmat	Top Oil/Gas Pay 3119'	Tubing Depth 3050'					
Perforations 3119'-3505'	Depth Casing Shoe 3830'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	403'	325sx Circ.					
7 7/8"	4 1/2" 9.5#	3830'	400sx T.O.C. @ 1512					
	2 3/8" Tbg.	3050'	Calc.					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 480 mcf/d	Length of Test 24 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate N.A.
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 160	Casing Pressure (Shut-in) 0	Choke Size 28/64

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.


 Signature D.M. Bohon Technical Assistant
 Printed Name _____ Title _____
 Date 4/4/91 Telephone No. (915) 687-7148

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 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.