

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

OIL CONSERVATION DIVISION

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. 30-025-24947
Address P.O. Box 1150, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Covington "A" Federal	Well No. 1	Well Name, Including Formation Undesignated Bone Springs	Kind of Lease State, Federal or Prop.	Lease No. NM-2379
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 25 Township 22 S Range 32 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co. <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, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected?	When ?

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 XX	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-7-75	Date Compl. Ready to Prod. 4-15-75	(Recompletion) 8-22-90	Total Depth 15,550	P.B.T.D. 10,524				
Elevations (DF, RKB, RT, GR, etc.) 3764'	Name of Producing Formation Undesignated Bone Spring		Top Oil/Gas Pay 9976'-9982'		Tubing Depth 9984'			
Perforations 9976'-9982'					Depth Casing Shoe 15,000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		524'		649 sx (circ.)			
12 1/4"	9 5/8"		4885'		2200 sx (TOC@ 2384')			
8 3/4"	7"		12,068'		790 sx (TOC@ 7490')			
5" liner Top 11,755'			Bottom 15,248 435sx (Circ to 11755)					

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 8/22/90	Date of Test 10/23/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24hrs	Tubing Pressure 850 to 0	Casing Pressure 0	Choke Size 24/64
Actual Prod. During Test 15 bbls total fluid	Oil - Bbls. 5	Water - Bbls. 10	Gas- MCF 0

GAS WELL

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

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  
Printed Name D.M. Bohon Title Technical Assistant  
Date 10/29/90 Telephone No. (915) 687-7148

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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.

RECEIVED

OCT 30 1990

OCD  
MOBBS OFFICE