

63436

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.	Well API No. 30-025-28401
Address P.O. Box 1150 Midland, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" 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 W. Dollarhide Devonian Unit	Well No. 120	Pool Name, including Formation Dollarhide Devonian	Kind of Lease State, Federal or Fee State	Lease No. 27197
Location Unit Letter E 1368 Feet From The North Line and 1228 Feet From The West Line Section 4 Township 25S Range 38E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas NM Pipeline	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 Sid Richardson Carbon & Gasoline	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Suite 3000, Ft. Worth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected? Yes	When? Unknown

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

IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - Eff. 3/1/93

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	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 J. K. Ripley	Tech Assistant
Printed Name J. K. Ripley	Title
Date 11/21/91	(915)687-7148
	Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 13 '92

By [Signature]
DISTRICT I SUPERVISOR

Title

FOR RECORD ONLY

ADD 3.0.1993

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 with Rule 111.

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

APR 26 1993

OLD HOBBS CO.