STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Chevron U.S.A. Inc.

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

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Atoka San Andres Unit	160	Atoka San Andres	Fee	

Location
Unit Letter D : 550 Feet From The North Line and 500 Feet From The West

Line of Section 13 Township 18S Range 26E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Navajo Refining
Address (Give address to which approved copy of this form is to be sent): N. Freeman Ave. Artesia NM 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Phillips 66 Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent): 4001 Penbrook Odessa Dr 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	3-22-88 Test 10-2 5-6-88 comp'd BK

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.*

VI. 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.

(Signature)
New Mexico Area Supt.
(Title)
4-7-88
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 29 1988, 19 ____

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

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.

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V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-20-88	4-7-88	1850'	1800

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3295	Atoka San Andres		1783'

Perforations 1684-1701 w/ 2 JSPF 180°, 34 HOLES
1553, 1560-68 1573 1592, 1599 (24 HOLES) 2SPF 180° PHASE

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	930	450 SX CLC
7 7/8	5 1/2	1850	425 SX CLC
	2 3/8	1783	

VI. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-22-88	4-7-88	pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	20	20	2" wo
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	27	17	11

GAS WELL

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