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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
FEB - 4 1991

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

O. C. D.
ARTESIA, OFFICE

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A. Inc.	Well API No. 30-015-26413
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 Artesia State Com	Well No. 3	Prod Name, including Formation Undersaturated Atoka	Kind of Lease State, Federal, etc.	Lease No.
Location Unit Letter F : 1980 Feet From The North Line and 2100 Feet From The West Line Section 23 Township 18S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Pride Pipeline Co. P.O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Phillips 66 Natural Gas Co. 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit G Sec. 23 Twp. 18S Rge. 28E Is gas actually connected? Yes When? 1/24/91

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 XX	Same Res'v	Diff Res'v XX
Date Spudded 8/22/90	Date Compl. Ready to Prod. 1/24/91		Total Depth 11,025		P.B.T.D. 10,515			
Iterations (DF, RKB, RT, GR, etc.) 3509' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 10,297'		Tubing Depth 10,285'			
Iterations 10,297-10,328 4 JHPF					Depth Casing Shoe 11,025			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	11 3/4 42#	360	275 sx 'C' circ 35ex
11	8 5/8 32#	3000	1020 sx 'C' circ 247ex
7 7/8	5 1/2 17#	11,025'	600sx 'H' TOC @ 2800'
-----	2 3/8	10,285	by CRI

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 1.358 MMCFG	Length of Test 24hrs	Bbls. Condensate/MMCF 48	Gravity of Condensate 60.3 @ 60 Degrees
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3090	Casing Pressure (Shut-in) 0	Choke Size 16/64

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 1/31/91 Title (915) 687-7148
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 7 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPervisor, DISTRICT II

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.