

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 <i>STARTED</i> <i>3-17-88</i>	Date Compl. Ready to Prod. <i>4-27-88</i>	Total Depth <i>5125</i>	P.B.T.D. <i>5084</i>					
Elevations (DF, RKB, RT, CR, etc.) <i>3648</i>	Name of Producing Formation <i>Delaware</i>	Top Oil/Gas Pay <i>3191</i>	Tubing Depth <i>4996</i>					
Perforations <i>3191-93, 3305-07, 3875-77</i>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Date First New Oil Run To Tanks <i>4-5-88</i>	Date of Test <i>4-26-88</i>	Producing Method (Flow, pump, gas lift, etc.) <i>pump</i>	
Length of Test <i>24</i>	Tubing Pressure <i>30</i>	Casing Pressure <i>30</i>	Choke Size <i>2" w/o</i>
Actual Prod. During Test	Oil - Bbls. <i>58</i>	Water - Bbls. <i>82</i>	Gas - MCF <i>26</i>

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

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA, OFFICEREQUEST 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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LITTLEFIELD "AB" FED</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>SHUGART DELAWARE</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No.
Location				
Unit Letter <u>E</u>	<u>2310</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>			
Line of Section <u>22</u>	Township <u>18S</u>	Range <u>31E</u>	NMPM, <u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS NM PIPELINE</u>	<u>P.O. Box 2528, Hobbs NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>CONOCO</u>	<u>P.O. Box 460, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	<u>K 22 18S 31E</u>
Is gas actually connected?	When
<u>yes</u>	<u>9-2-66 Part ID-2</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 5-20-88

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

C. L. Martin
(Signature)
New Mexico Area Supt.
(Title)
4-27-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 16 1988, 19 _____

BY Original Signed By
Mike Williams
Oil & Gas Inspector

TITLE _____

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.