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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONVERSATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 16 1992

O. C. D.
OFFICE

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

I.

Operator	BCID OIL & GAS CORP	Well API No.	30 - 015-26014
Address	PO BOX 5926, HOBBS, NM 88241		
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter of:	EFFECTIVE
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If chance of operator give name and address of previous operator			
Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lee K Federal	1	Happy Valley Morrow	State, Federal or Fee	LC-064490
Location				
Unit Letter	J	: 1780 Feet From The	South Line and	2080 Feet From The
Section	21	Township	22S	Range
			26E	, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address	(Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address	(Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company		P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected ?
			When ?
			Yes 11/22/89

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	New Well	Workover	Deepen	Plugback	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					
Peforations	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			Post ID-3					
			9-18-92					
			-chg ap.					

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 press.)	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

Printed Name

Date

Title

Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 17 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS
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.
- 4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

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