

Submit 5 Copies
Approve 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

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

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. 30-015-26125
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/7/90 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "IK" State	Well No. 1	Pool Name, Including Formation Undesignated Bone Springs	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 02 Township 20S Range 29E, NMPM, Eddy 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) P. O. Box 3119, Midland, Texas 79701
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? No

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 09-17-89	Date Compl. Ready to Prod. 10-29-89	Total Depth 10,850'	P.B.T.D. 6,250'					
Elevations (DF, RKB, RT, GR, etc.) 3322.8' GR	Name of Producing Formation Und. Bone Springs	Top Oil/Gas Pay 6058'	Tubing Depth 5,995'					
Perforations 6058-68,6074-6104' w/4" HSC w/1JHPF, 180° phasing. Total 22 holes			Depth Casing Shoe 6,167					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20" 94# H-40 BT&C	450'	1300 sx C1 C					
17 1/2"	13 3/8" 48#	1,165'	1140 sx C1 C-Circ 350					
12 1/4"	8 5/8" 32# K-55	3,510'	1400 sx C1 C					
7 7/8"	5 1/2" 15.5# K-55	6,250'	1060 sx C1 C					

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 10-29-89	Date of Test 10-30-89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 50#	Casing Pressure 0	Choke Size 30/64"
Actual Prod. During Test	Oil - Bbls. 146	Water - Bbls. 74	Gas - MCF 60

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
C. L. Morrill NM Area Prod. Supt.
Printed Name
10-31-89 Title
Date (505) 393-4121
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 6 1989

By ORIGINAL SIGNED BY
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.