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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A. Inc.		Well API No. 30-015-24154
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 White City Penn Gas Com	Unit #3	Well No. 2	Pool Name, Including Formation White City Penn(Morrow,Atoka, Strawn)	Kind of Lease State Federal XXXX	Lease No. LC 065457
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>24S</u> Range <u>26E</u> , NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2018, Roswell, New Mexico 88201	
If well produces oil or liquids, give location of tanks.	Unit ---	Sec. -----
	Twp. ---	Rge. ---
	Is gas actually connected? <input checked="" type="checkbox"/> When ? Yes 12/25/90	

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	Plug Back	Same Res'v	Diff Res'v
		XX		XX				XX
Date Spudded 6/4/82	Date Compl. Ready to Prod. 12/14/90		Total Depth 11,550'		P.B.T.D. 11,546'			
Elevations (DF, RKB, RT, GR, etc.) 3349' GL	Name of Producing Formation Morrow, Atoka, Strawn		Top Oil/Gas Pay 9978' Strawn		Tubing Depth 9903'			
Performations Strawn 9978'-10,014' Atoka 10,558'-10,662' Morrow 10,924'-11,456'					Depth Casing Shoe 11,550'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20" 94#		351'		800sx Circ			
14 3/4"	10 3/4" 40.5#		1795'		1400sx Circ			
9 1/2 "	7 5/8" 26.4#		8715'		1600sx Circ			
6 1/2"	5" 15#		11,550'		450sx Circ			

V. TEST DATA AND REQUEST FOR ALLOWABLE

2 3/8" Tubing @ 9903' Packer @9835'			
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 720	Length of Test 24 Hrs	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1050	Casing Pressure (Shut-in) 0	Choke Size 13/64

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 D.M. Bohon Title (915) 687-7148
Date 12/27/90 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 2 5 1991

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.