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Appropriate District Office
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088
Santa Fe, New Mexico 87504-2088
**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

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

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 015-27594
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 chance of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lentini 1 Federal	Well No. 4	Pool Name, Including Formation Herradura Bend East	Kind of Lease State, Federal or Fee Federal	Lease No. NM-18038
Location Unit Letter B : 0330 Feet From The North Line and 2310 Feet From The East Line Section 01 Township 23S Range 28E , 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)				
Pride Pipeline Company		P. O. Box 2436, Abilene, TX 79604				
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)				
Continental Natural Gas		1412 S. Boston, Suite, 500, Tulsa, OK 74119				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 01	Twp. 23S	Rge. 28E	Is gas actually connected ? Yes	When ? 11/03/93

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	Plugback	Same Res'v	Diff Res'v
Date Spudded 10/01/93	Date Compl. Ready to Prod. 11/03/93	Total Depth 6450'		P. B. T. D. 6396'					
Elevations (DF, RKB, RT, GR, etc.) 3110' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5980'		Tubing Depth 6254'					
Peforations 5935'-6174'		Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 3-5/8"		DEPTH SET 380'		SACKS CEMENT 350				
7-7/8"	5-1/2"		6450'		1800				

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 11/03/93	Date of Test 12/4/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 400#	Casing Pressure 65#	Choke Size W.O.
Actual Prod. During Test 253	Oil - Bbls. 26	Water - Bbls. 227	Gas - MCF 58

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

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
J. K. Ripley
Printed Name
J. K. Ripley
Date
1/20/94
T.A.
(915)687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 24 1994**

By
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C - 104 must be filed for each pool in multiply completed wells.

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