

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old O-101 and O-11
 Effective 4-1-85

DISTRIBUTION	
AMTAPR	
FILE	
F.B.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

Chevron U.S.A. Inc.

P. O. Box 670, Hobbs, NM 88240

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

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
H.T. Mattern (NCT-F)	3	Blinebry	State, Federal or Fee Fee	
Location	Unit Letter	Feet From The	Line and	Feet From The
	A	800	North	389 East
Line of Section	Township	Range	County	
1	22S	36E	Lea	

SIGNATURE 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)
Texas New Mexico Pipeline	Box 2528 Hobbs, NM 88240
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)
Warren Petroleum Corp.	Box 1589 Tulsa, OK 74100
Well produces oil or liquids, and location of tanks.	Unit Soc. Twp. Rge. Is gas actually connected? When
	A 1 22S 36E Yes 12-27-1985

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Since Res'v. <input type="checkbox"/>	Prod. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	12-15-1985	6850	6187					
Productions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3474 GL	Blinebry	5491	5795					
Productions			Depth Casing Shoe					
5491-5731 (15 holes)			6850					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No new casing	2 3/8	5795	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-15-1985	12-26-1985	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	30	30	W0
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
119	82	37	80

AS WELL,

Total Prod. Test - MCF/O	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

D. H. Bullock Jr.
 (Signature)
 Division Drilling Manager
 (Title)
 12-30-1985
 (Date)

OIL CONSERVATION COMMISSION

JAN 2 - 1986

APPROVED _____, 19____
 BY ORIGINAL SIGNED BY JERRY REXTON
 DISTRICT I SUPERVISOR
 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 completion 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 re-completed 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.