

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

RECEIVED  
SEP 15 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
RES. OFFICE

I.

Operator  
Chevron U.S.A., Inc. ✓

Address  
P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marquardt Federal	Well No. 4	Pool Name, including Formation Sulphate Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM14124
Location				
Unit Letter N	: 760	Feet From The South	Line and 1980	Feet From The West
Line of Section 1	Township 25S	Range 26E	, 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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 2436, Abilene, TX 79604			
Name of Authorized Transporter of Casinghead Gas <input 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			Post ID-2 9-23-88 PFA - Penn

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*Emmanis*  
(Signature)  
New Mexico Area Superintendent  
(Title)  
9-13-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 21 1988, 19  
BY Original Signed By  
Mike Williams  
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 deviation 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 recompleted 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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		
Date Work started	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
6-29-88	8-4-88	11,824'			2,265'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
3,315	Sulphate Delaware	2,014'			2,089'				
Perforations							Depth Casing Shoe		
2014-20, 2048-54, 2080-86, 2090-96 - 48 holes, 4" guns, 2spf, 180°phz									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	10 3/4"		1785'		100 SX				
	7 5/8"		8700'		7.5 SX				
	2 7/8"		2089'						

V. 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.)		
8-6-88	8-24-88	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.	5#	5#	2" NO	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	10	155	TSTM	

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