

OIL CONSERVATION DIVISION

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

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**

DEC 7 '89

I. OPERATOR

Operator Chevron U.S.A., Inc. ✓	Well API No. 30-015-26014
Address P. O. Box 670, Hobbs, New Mexico 88240	
Reason(s) for Filing (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 change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lee "K" Federal	Well No. 1	Pool Name, including Formation Happy Valley Morrow	Kind of Lease State (Federal) or Fee	Lease No. LC-064490
Location Unit Letter <u>J</u> : <u>1780</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>22 S</u> Range <u>26 E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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) P. O. Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When?	
Yes	11-22-89	

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
		X	X					
Date Spudded 5-29-89	Date Compl. Ready to Prod. 8-2-89		Total Depth 11,810'		P.B.T.D. 11,805'			
Elevations (DF, RKB, RT, GR, etc.) 3345.9	Name of Producing Formation Happy Valley Morrow		Top Oil/Gas Pay 11,487'		Tubing Depth 11,422'			
Perforations 11487-504, 11580-87, 11616-27. (112 holes 4" x 35 gram SPF-90°)						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 48#	427'	1150 sx C1 "C"
12 1/4"	9 5/8" 40#	2,758'	1290 sx C1 "C"
7 7/8"	5 1/2" 17#	11,810'	2100 sx C1 "C"
	2 3/8"	11,422'	

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	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 1500 MCF/D	Length of Test 24 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate n/a
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2200#	Casing Pressure (Shut-in) -0-	Choke Size 2" WO

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 correct to the best of my knowledge and belief.

C. L. Morrill by ELA
 Signature
 C. L. Morrill NM Area Prod. Supt.
 Printed Name
 12-05-89 Title
 Date (505) 393-4121
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 13 1989

By ORIGINAL SIGNED BY
 EMMIE WILLIAMS
 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.