

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well APN No. 30-025-20127
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) New Well ☐ ☐ Change in Transporter of: Recompletion ☐ ☐ ☒ Dry Gas ☐ Change in Operator ☐ ☐ Casinghead Gas ☐ Condensate ☐ ☐ Other (Please explain) EFFECTIVE DATE - 1-1-90		
If change of operator, give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "KG" State	Well No. 1	Pool Name, including Formation Corbin Abo	Kind of Lease ☒ State ☐ Federal or Fee	Lease No.
Location Unit Letter D : 330 Feet From The South Line and 2310 Feet From The East Line Section 35 Township 17 Range 33 NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒ Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas ☒ Phillips 66 Natl Gas GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) EFFECTIVE: February 1, 1992
If well produces oil or liquids, give location of tanks.	Unit 0135 Sec. 17 Twp. 33 Rge. 33 Is gas actually connected? Yes When?

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 - MMCF/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

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.

C. L. Morrill

Signature
C. L. Morrill NM Area Prod. Supt.

Printed Name
12-22-89 Title
(505) 393-4121

Date
12-22-89 Telephone No.

OIL CONSERVATION DIVISION

JAN 08 1990

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT I SUPERVISOR

Title

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.

RECEIVED

DEC 20 1989

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HOBBS OFFICE