

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron USA, Inc		Well API No. 30-025-23173
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 type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Change in Operator <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 State 1-29	Well No. 5	Pool Name, Including Formation Hobbs - Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter 0 : 330 Feet From The South Line and 2218 Feet From The East Line Section 29 Township 18S Range 38E, NMPM, Lea 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"/> Arco Oil & Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1610, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When?	
Yes	4-24-90	

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	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spud/Work started 4-8-90	Date Compl. Ready to Prod. 4-24-90		Total Depth 7025'		P.B.T.D. 6970'			
Elevations (DF, RKB, RT, GR, etc.) 3646' GR	Name of Producing Formation Hobbs-Drinkard		Top Oil/Gas Pay 6648'		Tubing Depth 6552'			
Perforations 6648-6930' 2 JHPF TTL 54 holes					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	11 3/4" 42#		364'		370 sx circ			
12 1/4	8 5/8" 28# & 32#		3808'		300 sx			
7 7/8	5 1/2"		7022'		530 sx			
	2 3/8"		6552'					

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 4-24-90	Date of Test 5-1-90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 245# FTP	Casing Pressure 0#	Choke Size 17/64"
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 11	Gas- MCF 573

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

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 by Elvin Allen
Signature
C. L. Morrill - Area Prod. Supt.
Printed Name
5-9-90 505/393-4121 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 15 1990

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 well.