

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A. Inc.		
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Downhole COMMINGLED W/ HOBBS DRINKARD
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W.D. GRIMES NAT-B	Well No. 7	Pool Name, including Formation HOBBS BLINEBRY	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter B : 450 Feet From The NORTH Line and 2160 Feet From The EAST Line of Section 33 Township 18S Range 38E, NMPM, LRA 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"/>	Address (Give address to which approved copy of this form is to be sent)
SHELL PIPELINE	P.O. Box 1910, MIDLAND, TX 79701
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)
PHILLIPS 66 NATL GAS	4001 PENBROOK, DRESSA, TX 79702
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	YES UNKNOWN

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-636

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.

Comanch
(Signature)

New Mexico Area Supt.

5-4-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 9 1988, 19

BY Orig. Signed by
Paul Knutz
Geologist

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'
					X				
Date Spudded <i>STARTED</i> <i>4-13-88</i>	Date Compl. Ready to Prod. <i>4-26-88</i>	Total Depth <i>7100</i>				P.B.T.D. <i>7059</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3645</i>	Name of Producing Formation <i>HOBBS BLINEBRY/DRINKARD</i>			Top Oil/Gas Pay		Tubing Depth			
Perforations <i>4" GUNS, 2 SPF, 180° PHASE 5836-40', 5844-52', 5903-06', 5910-24', 5935-53', 5959-64', 5970-78', 5983-92', 138 HOLES</i>						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

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 <i>4-21-88</i>	Date of Test <i>4-28-88</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24</i>	Tubing Pressure <i>4.5</i>	Casing Pressure <i>45</i>	Choke Size <i>2" WD</i>
Actual Prod. During Test	Oil - Bbls. <i>16</i>	Water - Bbls. <i>40</i>	Gas - MCF <i>12</i>

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

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