

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

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 <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> 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 (NCTB)	Well No. 7	Pool Name, including Formation Holmes Brinkard	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, 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"/> Phil Hollins	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natl Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penland, Odessa, TX 79760	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	Yes	Unknown

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

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.

Eric Anderson
(Signature)
New Mexico Area Supt.
(Title)
12-21-87
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 22 1987**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT SUPERVISOR**

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		
Date Started <i>STARTED</i> 11-18-87	Date Compl. Ready to Prod. 12-3-87	Total Depth				P.B.T.D. 7059		
Elevations (DF, RKB, RT, GR, etc.) 3645	Name of Producing Formation HOBBS DRINKARD	Top Oil/Gas Pay				Tubing Depth		
Perforations 6748-7008						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NO CHG.			

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 12-3-87	Date of Test 12-20-87	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure 35	Casing Pressure 35	Choke Size 2" w/o
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 6	Gas - MCF 5

AS 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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