

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input checked="" 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 _____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lea "YH" State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Christina Williams</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>0</u> : <u>760</u> Feet From The <u>South</u> Line and <u>4980</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>18S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3119 Midland TX 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Whitten Pet.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589 Tulsa OK 74100</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>25</u>
	Twp. <u>18S</u>	Rge. <u>34E</u>
	Is gas actually connected? <u>yes</u> When <u>Unknown</u>	

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.

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

OIL CONSERVATION DIVISION

APPROVED DEC 22 1987, 19 _____
BY CHRYSTAL L. HARRIS
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.

SUBJECT TO DOWNHOLE COMMINGLE AUTHORITY WHICH HAS BEEN APPLIED FOR

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 11-03-87	Date Compl. Ready to Prod. 11-20-87	Total Depth 10,770			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3949	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations 10,601-10,734					Depth Casing Shoe			

NO CHG.

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 11-21-87	Date of Test 12-9-87	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure 20	Casing Pressure 8	Choke Size 2" 40
Actual Prod. During Test	Oil - Bbls. 38	Water - Bbls. 10	Gas - MCF 757m

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECORDED

DEC 22 1987

NOBLS OFFICE