

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well API No. 30-025-27718
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input checked="" type="checkbox"/>		
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONSENT, NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langley "A" Fed	Well No. 1	Pool Name, including Formation Tonto Bone Springs	R-9095 1/1/90	Kind of Lease State, Federal or Fee	Lease No. NM-16357
Location Unit Letter <u>K</u> : 1980 Feet From The <u>South</u> Line and 1980 Feet From The <u>West</u> Line Section <u>09</u> Township <u>19S</u> Range <u>33E</u> , 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"/> KOCH Oil Co., a Div. of KOCH Ind.	Address (Give address to which approved copy of this form is to be sent) P.O.Box 3609, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Used on location.	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Workover started 10-15-89	Date Compl. Ready to Prod. 10-20-89		Total Depth 13,750'		P.B.T.D. 10,815'			
Elevations (DF, RKB, RT, GR, etc.) 3675 GR	Name of Producing Formation Tonto Bone Springs		Top Oil/Gas Pay 10,318'		Tubing Depth 10,422'			
Performances 10,318 - 359'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4" 42#		455'		300 sx Circ			
11"	8 5/8" 28#		4,988'		1140 sx TSTOC 1625'			
7 7/8"	5 1/2" 17#		13,748'		1100 sx TSTOC 9260'			
	2 3/8" 4.7# N-80		10,422'					

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.)

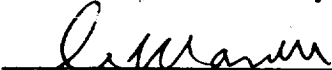
Date First New Oil Run To Tank 10-18-89	Date of Test 10-30-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 300#	Casing Pressure 20#	Choke Size 2" WO
Actual Prod. During Test	Oil - Bbls. 130	Water - Bbls. 0	Gas- MCF 14

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.



Signature
C. L. Morrill NM Area Prod. Supt.
Printed Name
10-31-89 Title
Date (505) 393-4121
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 2 1989
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.

2A Underline WE E

NOV 1 1989

RECEIVED
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OCD
HOBBS OFFICE