

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

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

Approval to flare casinghead gas from
this well must be obtained from the
BUREAU OF LAND MANAGEMENT (BLM)

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 APN No. 30-025-27718
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

**FLARED AFTER 10-1-89
UNLESS AN EXCEPTION TO R-4079
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langley "A" Fed Com	Well No. 1	Pool Name, Including Formation Tonto Wolfcamp	Kind of Lease State (Federal) or Fee	Lease No. NM-16357
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 09 Township 19 S Range 33 E , 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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 ? No

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	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-2-82	Date Compl. Ready to Prod. 6-24-89	Total Depth 13,750'	P.B.T.D. 13,434'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Tonto Wolfcamp	Top Oil/Gas Pay 10,932'	Tubing Depth 11,511'					
Perforations 10,932-38, 11,191-99, 11,319-23, 11,434-37, 11,442-49	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	11,511'						

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 6-24-89	Date of Test 7-20-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 40#	Casing Pressure 0#	Choke Size 2" wo
Actual Prod. During Test	Oil - Bbls. 3	Water - Bbls. 0	Gas- MCF TSTM

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
8-31-89 This
Date
(505) 393-4121 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 5 1989**

By _____ Orig. Signed by
Paul Kautz
Geologist

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.

RECEIVED

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HOBS