STATE OF NEW MEXICO
ERGY AND MINERALS DEPARTMENT

DISTRIBUTION		
NTA FE		
LE		
.S.G.S.		
ND OFFICE		
ANSPORTER	OIL	
	GAS	
RATOR		
RATION 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

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil — Dry Gas
Casinghead Gas — Condensate

Other (Please explain) NEW GAS MUST NOT BE PLACED AFTER 10-1-87 UNLESS AN EXCEPTION TO RULE 401 IS OBTAINED.

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

A-8533 10/1/87

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CARRIE O DAVIS	4	EAST HOBBS	State, Federal or Fee FEE	

Unit Letter N : 890 Feet From The SOUTH Line and 2310 Feet From The WEST

Line of Section 29 Township 18S Range 39E NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ] — Address (Give address to which approved copy of this form is to be sent)
TESORO CRUDE OIL — 8700 TESORO DR. SAN ANTONIO, TX 78286

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ] — Address (Give address to which approved copy of this form is to be sent)

If 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:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

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.

(Signature)
NM AREA SUPT.
(Title)
8-18-87
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 25 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

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COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-2-87	8-6-87	6500'	—

vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3590.8'	EAST HOBBS		

rforations	Depth Casing Shoe
6425-6388-6370-73, 42 SHOTS	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8	1860	LD 400 SX CL "C"
			800 SX CL "C"
7 7/8	5½	6500	1ST STAGE LD 100 SX CL "C"
		~~2ND STAGE LD 800 SX "C"~~	TL 650 SX CL "C"
			TL 250 SX "C"

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)

OIL WELL

e First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
9-6-87*	8-13-87	pumping

gth of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS			

ual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	50	33	37

GAS WELL

ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
AUG 20 1987
OCD
HOBBS OFFICE