

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator <b>Chevron U.S.A., Inc.</b>	Well API No. <b>30-025-30711</b>
Address <b>P.O. Box 1150 Midland, TX 797021</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Well PB to Delaware Sand, W/O failed. Drill out Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> CIBP & squeeze Bone Springs perfs Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <i>Baker</i>	
If change of operator give name and address of previous operator _____	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Cockburn G Federal</b>	Well No. <b>1</b>	Pool Name, including Formation <i>Nacaloro Example</i> <b>Bone Springs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC-029489-C</b>
Location Unit Letter <b>L</b> : <b>1650</b> Feet From The <b>South</b> Line and <b>940</b> Feet From The <b>West</b> Line Section <b>10</b> Township <b>18 S</b> Range <b>33 E</b> , <b>NMPM</b> , Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>Pride Pipeline Co.</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2436 Abilene, Tx. 79604</b>					
Name of Authorized Transporter of Casinghead Gas <b>Conoco Inc.</b> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460 Hobbs, New Mexico 88240</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
-	-	-	-	-	Yes	02/16/90
If this production is commingled with that from any other lease or pool, give commingling order number:						N/A

**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 type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <b>12/06/89</b>	Date Compl. Ready to Prod. <b>08/06/91</b>		Total Depth <b>9599</b>			P.B.T.D. <b>9599</b>		
Elevations (DF, RKB, RT, GR, etc.) <b>3956 GR</b>	Name of Producing Formation <b>Bone Spring</b>		Top Oil/Gas Pay <b>9002</b>			Tubing Depth <b>9375</b>		
Perforations <b>9002 - 9599</b>						Depth Casing Shoe <b>N/A</b>		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17.5</b>	<b>13.375</b>		<b>445</b>		<b>500sxs, (circ.) 190sxs</b>			
<b>12.25</b>	<b>8.625</b>		<b>3189</b>		<b>1100sxs, (circ.) 1100sxs</b>			
<b>7.875</b>	<b>5.5</b>		<b>9599</b>		<b>1850sxs, (circ.) 55sxs</b>			
-	-		-		-			

**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 <b>08/06/91</b>	Date of Test <b>08/21/91</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24</b>	Tubing Pressure <b>N/A</b>	Casing Pressure <b>N/A</b>	Choke Size <b>1.25 (pump dia.)</b>
Actual Prod. During Test <b>-</b>	Oil - Bbls. <b>153</b>	Water - Bbls. <b>5</b>	Gas- MCF <b>144</b>

**GAS WELL**

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

**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 *M. D. Hagner*  
**M. D. Hagner** Tech. Assistant  
 Printed Name **08/26/91** Title **(915)687-7148**  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **AUG 30 1991**  
 By *JOHN W. SEXTON*  
 Title *SUPERVISOR*

**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.