

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

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

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436 Abilene, Tx. 79604				
Name of Authorized Transporter of Casinghead Gas Conoco Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460 Hobbs, New Mexico 88240				
If well produces oil or liquids, give location of tanks.	Unit -	Sec. -	Twp. -	Rge. -	Is gas actually connected? Yes	When? 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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 12/06/89	Date Compl. Ready to Prod. 08/06/91		Total Depth 9599		P.B.T.D. 9599			
Elevations (DF, RKB, RT, GR, etc.) 3956 GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9002		Tubing Depth 9375			
Perforations 9002 - 9599					Depth Casing Shoe N/A			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17.5	CASING & TUBING SIZE 13.375		DEPTH SET 445		SACKS CEMENT 500sxs, (circ.) 190sxs			
12.25	8.625		3189		1100sxs, (circ.) 1100sxs			
7.875	5.5		9599		1850sxs, (circ.) 55sxs			
-	-		-		-			

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

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

OIL CONSERVATION DIVISION

Date Approved AUG 30 1991
By JOHN 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.