abenit 5 Copies ppropriete District Office Appropriate District Crime DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

## 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 Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-30711 Chevron U.S.A., Inc. Address P.O. Box 1150 Midland, TX 797021 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas X Recompletion Oil Casinghead Gas Condensate Change in Operator THIS WELL HAS BEEN PLACED IN THE POOL If change of operator give name and address of previous operator DESIGNATED BELOW. IF YOU DO NOT CONCUR II. DESCRIPTION OF WELL AND LEASE SE just Carles
Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee Lease No. Lease Name LC-029489-C Delaware Sand / Federal Cockburn G federal Location :1650' Feet From The South Line and 940' Feet From The West Unit Letter L 185 Range 33E Lea , NMPM, County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate P.O. Box 2436 Abilene, Tex. 79604 Pride Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas . P.O. Box 460 Hobbs, New Mexico 88240 Conoco Jne. is gas actually connected? When ? Sec. Rge. If well produces oil or liquids, 185 33E 2/16/90 give location of tanks. L Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) | X X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 9599' 5390' 5/26/91 12/6/89 Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 50851 5214' 3956.6 GR. **Delaware Sand** Depth Casing Shoe 5214'-5239',12 holes,4" HSC, 4 JHPF @90 phas. TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE 500 circ. 190 sx. 445' 13 3/8" 17 1/2" 1100 circ. 232 sx. 3189 8 5/8" 12 1/4" 1850 circ. 55 sx. 9599 5 1/2" 7 7/8" V. 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 Date of Test
7/9/91 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank 5/28/91 Choke Size Casing Pressure Length of Test Tubing Pressure N/A 20 20 Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. 4 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved \_\_\_\_\_ is true and complete to the best of my knowledge and belief. By \_\_\_ Signature Tech. Assistant **B.G Smith** 

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

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

(915)687-7148

Telephone No.

- 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.

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Printed Name 7/24/91

Date