

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

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

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

State of New Mexico
Enx Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well API No. 30-025-30711
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain)		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
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 _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR
II. DESCRIPTION OF WELL AND LEASE THIS OFFICE.

Lease Name Cockburn "G" Federal	Well No. 1	Pool Name, including Formation Mescalero Escarpe Bone Spring	Kind of Lease State, (Federal) or Fee	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 18S Range 33E , NMPL, 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604					
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? No	When ?

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-12-89	Date Compl. Ready to Prod. 01-11-90		Total Depth 9599'		P.B.T.D. 9491'			
Elevations (DF, RKB, RT, GR, etc.) 3956.6 GR	Name of Producing Formation Mescalero Escarpe B.S.		Top Oil/Gas Pay 9069'		Tubing Depth 9070'			
Perforations 9069-9169-9198-9210-9220-9229-9240-9255-9277-9286-9293-9300-9306-9318-9336 @ 1JHPF - 15 holes total.					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 48#	445'	500 sx C1 C
12 1/4"	8 5/8" 32#	3189'	1100 sx C1 C
7 7/8"	5 1/2" 15.5# & 17#	9599'	1850 sx C1 C
	2 7/8"	9070'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

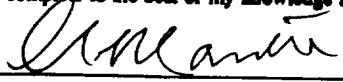
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 12-31-89	Date of Test 01-11-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Choke Size 2" WO
Actual Prod. During Test	Oil - Bbls. 58	Water - Bbls. 12	Gas- MCF 47

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 Title
01-15-90 (505) 393-4121
Date Telephone No.

OIL CONSERVATION DIVISION
JAN 17 1990
Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.