

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|---|------------------------------|
| Operator Chevron U.S.A., Inc. | | Well API No. 30-025-30582 |
| Address P. O. Box 670, Hobbs, New Mexico 88240 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| 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 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------|
| Lease Name J. R. Holt | Well No. 2 | Pool Name, Including Formation Shipp Strawn | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter C : 940 Feet From The N Line and 2210 Feet From The W Line Section 02 Township 17S Range 37E , NMPM, 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"/> KOCH Oil Co a Division of KOCH Industries | Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, Texas 79702 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74100 | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 02 |
| | Twp. 17S | Rge. 37E |
| | Is gas actually connected? When ? Yes 5-13-89 | |

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 3-29-89 | Date Compl. Ready to Prod. 5-11-89 | | Total Depth 11,835' | | P.B.T.D. 11,742' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3760.2 GR | Name of Producing Formation Shipp Strawn | | Top Oil/Gas Pay 11,492' | | Tubing Depth 11,417' | | | |
| Perforations 11,492 - 11,521' | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/4" | 11 3/4" 42# | | 450' | | 650 sx c1 "C" | | | |
| 11" | 8 5/8" 24# & 32# | | 4,450' | | 800 sx c1 "C" & 200 sx c1 "C" | | | |
| 7 7/8" | 5 1/2" 17# & 15.5# | | 11,835' | | 1325 sx c1 "H" & 1325 sx c1 "C" | | | |
| | 2 7/8" 6.5# | | 11,417' | | | | | |

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 5-11-89 | Date of Test 5-17-89 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hrs | Tubing Pressure 760# | Casing Pressure 0# | Choke Size 18/64 |
| Actual Prod. During Test | Oil - Bbls. 449 | Water - Bbls. 0 | Gas- MCF 511 |

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
5-23-89 Title
Date (505) 393-4121
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 25 1989

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.