

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) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7-11-89
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

82.37 acres

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 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? When ? No

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 5-11-89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 750#	Casing Pressure 0#	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 504	Water - Bbls. 10	Gas- MCF 600

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
Printed Name C. L. Morrill NM Area Prod. Supt.
Date 5-12-89 Title (505) 393-4121
Telephone No.

OIL CONSERVATION DIVISION
MAY 15 1989

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.