

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CHEVRON U.S.A. INC.		Well API No. 30-025-31010
Address P.O. Box 1150, Midland, Texas 79702		
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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sprinkle "B" Federal	Well No. 2	Pool Name, including Formation Young North(Bone Springs)	Kind of Lease State, Federal or Private	Lease No. NM 40456
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>18S</u> Range <u>32E</u> , <u>NMPM</u> 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"/> Pride Pipeline Co.	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"/> temp. vented	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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/1/90	Date Compl. Ready to Prod. 11/11/90		Total Depth 9250'		P.B.T.D. 9168'			
Elevations (DF, RKB, RT, GR, etc.) 3919 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay Bone Springs		Tubing Depth 8152'			
Perforations 8226'-8394' 2 JHPF					Depth Casing Shoe 9250'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	11 3/4" 42#		450'		625sx Circ.			
11	8 5/8" 32#		2780'		625 sx Circ.			
7 7/8	5 1/2"		9250'		459 sx TOC@6200'T.S.			
	2 7/8 tubing		8150'		N.A.			

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 11/11/90	Date of Test 11/14/90	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24hrs	Tubing Pressure 650	Casing Pressure 0	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 265	Water - Bbls. 68	Gas- MCF 770

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 D.M. Bohon
Printed Name D.M. Bohon Technical Assistant
Date 11/14/90 Telephone No. (915)687-7148

OIL CONSERVATION DIVISION

Date Approved NOV 1 1990
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

WELL NAME AND NUMBER Rig #7 Sprinkle "B" Federal Nr 2 2310/N + 330/W

LOCATION Section 1, T18S, R32E, Lea County
(Give Unit, Section, Township and Range)

OPERATOR Chevron U.S.A. Inc.

DRILLING CONTRACTOR McVay Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/2 712</u>	<u>1/2 5,035</u>	<u>1-3/4 8,231</u>
<u>1 450</u>	<u>3/4 5,434</u>	<u>2-1/4 8,400</u>
<u>3/4 653</u>	<u>3/4 5,838</u>	<u>2-1/2 8,543</u>
<u>3/4 1,047</u>	<u>3/4 6,121</u>	<u>2-1/2 8,722</u>
<u>1/2 1,452</u>	<u>1 6,367</u>	<u>3 8,911</u>
<u>1/2 1,854</u>	<u>3/4 6,646</u>	<u>3 9,068</u>
<u>1/2 2,246</u>	<u>3/4 6,872</u>	<u>3 1/2 9,250</u>
<u>3/4 2,471</u>	<u>3/4 6,984</u>	
<u>1 2,626</u>	<u>1 1/2 7,201</u>	
<u>1 1/4 2,780</u>	<u>1 1/2 7,385</u>	
<u>1 3,030</u>	<u>1 7,542</u>	
<u>0 3,435</u>	<u>1 7,697</u>	
<u>1/2 3,836</u>	<u>1 1/2 7,823</u>	
<u>1/4 4,235</u>	<u>2 1/4 7,980</u>	
<u>1/2 4,635</u>	<u>1-3/4 8,074</u>	

Drilling Contractor McVay Drilling Company

By: James H. Hynes Jr.

Subscribed and sworn to before me this 30th day of October, 19 90

Phyllis J. Burroughs
Notary Public

My Commission Expires: 12/27/91

Lea County New Mexico