

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.	Well API No. 30-025-30923
Address P.O. Box 1150 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input 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. W. Smith	Well No. 7	Pool Name, Including Formation Eumont Y-SR Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>H</u> : <u>1900</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>19S</u> Range <u>36E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102					
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 12-2-90	Date Compl. Ready to Prod. 1-14-91		Total Depth 3950'		P.B.T.D. 3907'			
Elevations (DF, RKB, RT, GR, etc.) 3636.7' GR	Name of Producing Formation Yates SR Queen		Top Oil/Gas Pay 3597'		Tubing Depth 3507'			
Perforations 3597'-3770'					Depth Casing Shoe 3950'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 23#		1325'		850 sx-circ 150 sx			
7-7/8"	5-1/2" 15.5#		3950'		350 sx-circ 70 sx			
	2-3/8"		3507'		---			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 200	Length of Test 24 hrs	Bbls. Condensate/MMCF 2	Gravity of Condensate
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) --	Casing Pressure (Shut-in) 145#	Choke Size 18/64

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.

J. K. Ripley  
Signature

J. K. Ripley

Tech Assistant

Printed Name

9/12/91

Title

(915)687-7148

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 10 '92

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.

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PAGE  
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