

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A., Inc.	
Address P. O. Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	
<input checked="" type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. N. Carson (NCT-A)	Well No. 10	Pool Name, Including Formation Blinbry Oil & Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>J</u> ; <u>2180</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>28</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

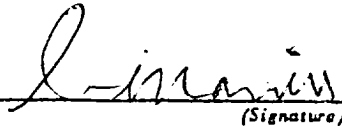
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	Yes Unknown	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
New Mexico Area Superintendent

7-28-88
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 01 '88, 19_____
BY Paul Kautz
Geologist
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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 Started 7-15-88	Date Compl. Ready to Prod. 7-26-88	Total Depth 7705'			P.B.T.D. 5998'				
Elevations (DF, RKB, RT, CR, etc.) 3442'	Name of Producing Formation Blinebry Oil & Gas	Top Oil/Gas Pay 5703'			Tubing Depth 5698'				
Perforations 5703, 5711, 5723, 5730, 5740, 5748, 4758, 5771, 5784, 5793, 5801, 5809, 5820, 5833, 5844, 5863, 5872, 5882, 5888							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	13 3/8"		222'		325 SX				
	9 5/8" 36#		2800'		1300 SX				
	7" 23#		7570'		700 SX				
	2 3/8"		5698'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 7-26-88	Date of Test 7-26-88	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 225#	Casing Pressure	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 60	Water - Bbls. 72	Gas - MCF 614

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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JUL 29 1988

HOBB'S OFFICE