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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Chevron U.S.A., Inc.	Well API No.: 30-025-06856
Address: P.O. Box 1150 Midland, TX 79702l	

Reason(s) for Filing (Check proper box)
New Well [ ]
Recompletion [ ]
Change in Operator [ ]
Other (Please explain) [ ]
Change in Transporter of:
Oil [ ] Dry Gas [X]
Casinghead Gas [ ] Condensate [ ]

Reclassify to gas

If change of operator give name and address of previous operator: Warren Petroleum, P.O. Box 1909, Eunice NM 88231

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Eunice King	19	Blinebry Oil & Gas	Fee	N/A

Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line
Section 28 Township 21 S Range 37 E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Shell Pipeline	Address (Give address to which approved copy of this form is to be sent): P.O. Box 1910, Midland, Tx. 79701
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent): 2223 Dodge St., 8th Floor, Ohama, NE. 68102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	–	–	–	–	Yes	07/31/91

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	–	–	–	–	–	–

Date Spudded: N/A	Date Compl. Ready to Prod.: 11/1949	Total Depth: 7967	P.B.T.D.: 7000
Elevations (DF, RKB, RT, GR, etc.): N/A	Name of Producing Formation: Blinebry O&G (up.&lwr)	Top Oil/Gas Pay: 5466	Tubing Depth: N/A
Perforations: 5466-5745 (1JHPF) 5803-5856			Depth Casing Shoe: 5.5 liner @ 7967

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
N/A	13.325 48#	297	300sxs (circ to surf)
N/A	9.625 36#	2800	1300sxs (TOC @ 460)
N/A	7 23# & 26#	7834	700sxs (TOC @ 2600)
N/A	5.5 liner 17# N-80	TOL @ 7807	18sxs

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: 411	Length of Test: 24	Bbls. Condensate/MMCF: 1	Gravity of Condensate: 36.2
Testing Method (pitot, back pr.): Back Press.	Tubing Pressure (Shut-in): N/A	Casing Pressure (Shut-in): N/A	Choke Size: N/A

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: M. D. Hagner
Printed Name: M. D. Hagner — Title: Tech. Assistant
Date: 08/14/91 — Telephone No.: (915)687-7148

OIL CONSERVATION DIVISION

Date Approved _____

By _____ Paul Kent Geologist

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.

E.king.19