

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 - 025-06939
Address P. O. Box 1150, Midland, TX 79702	
Reason (s) for Filling (<i>check proper box</i>) <div style="float: right; text-align: right;"> <input type="checkbox"/> Other (<i>Please explain</i>) </div>	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If chance of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Central Drinkard Unit	140	Drinkard		
Location				
Unit Letter <u>H</u> : <u>2086</u> Feet From The <u>North</u> Line and <u>554</u> Feet From The <u>East</u> Line				
Section <u>32</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/>					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666, Suite 2604		
EOTT Oil Pipeline Co.							
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 ? Yes	When ? Unknown

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	Plugback	Same Res'v	Diff Res'v
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Peforations							Depth Casin; g			
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

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)

(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)

OIL WELL (Test must be after recovery of total volume of total oil and must be equal to or exceed top allowable for this well or be for gas lift well)			
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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D		Length of Test			
Testing Method (pilot, back press.)		Tubing Pressure (Shut - in)		Casing Pressure (Shut - in)	
				Choke Size	
<p>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.</p> <p><i>J. K. Ripley</i></p> <p>Signature _____</p> <p>J. K. Ripley T.A. _____</p> <p>Printed Name _____</p> <p>1/27/94 Title _____</p> <p>Date _____ Telephone No. _____</p>			<p>OIL CONSERVATION DIVISION</p> <p>Date Approved MAR 04 1994 MAR 04 1994</p> <p>By _____ ORIGINAL SIGNED BY JERRY SEXTON</p> <p>Title _____ DISTRICT SUPERVISOR</p>		

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

- 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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