

I.

Operator
Chevron U.S.A., Inc.

Well API No.
30 - 025-06949

Address
P. O. Box 1150, Midland, TX 79702

☐ Other (Please explain)

Reason (s) for Filling (check proper box)

New Well
☐

Recompletion
☐

Change in Operator
☐

Change in Transporter of:
Oil
☒ Dry Gas
☐ Condensate
☐

If chance of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Central Drinkard Unit

Well No.
134

Pool Name, Including Formation
Drinkard

Kind of Lease
State, Federal or Fee
☒ State

Lease No.

Location

Unit Letter: **D** : **0660** Feet From The **North** Line and **990** Feet From The **West** Line

Section **32** Township **21S** Range **37E** , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil
EOTT Oil Pipeline Co.

or Condensate
☐

Address
P.O. Box 4666, Houston, TX 77210-4666, Suite 2604

Name of Authorized Transporter of Casinghead Gas
☐

or D y Gas
☐

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

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

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method
(pilot, back press.)

Tubing Pressure (Shut - in)

Casing Pressure (Shut - in)

Choke Size

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

T.A.

1/27/94

Printed Name

(915)687-7148

Date

Telephone No.

OIL CONSERVATION DIVISION

MAR 04 1994

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**

Title **DISTRICT I SUPERVISOR**

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.