

Appropriate District Office

Energy, Minerals and Natural Resources Department

Form C-104

Revised 1-1-89

See Instructions

at Bottom of Page

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

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-06973
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filing (check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 chance of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. N. Carson (NCT-A)	Well No. 7	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B : 0810 Feet From The North Line and 2180 Feet From The East Line Section 33 Township 21S Range 37E , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74100
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
B 33 21S 37E	Yes 09/03/93

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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 8/31/93		Total Depth 7644'		P. B. T. D. 6420			
Elevations (DF, RKB, RT, GR, etc.) 3459' GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5476'		Tubing Depth 5398			
Peforations 5476'-5991'				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
No New Casing								

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 696	Length of Test 24 hrs	Bbls. Condensate/MMCF 19	Gravity of Condensate 34.7
Testing Method (pilot, back press.) Flowing	Tubing Pressure (Shut - in) 162# FTP	Casing Pressure (Shut - in) 0	Choke Size 24/64

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

J. K. Ripley

T.A.

Printed Name

9/29/93

Date

Title

(915)687-7148

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 06 1993**By **Orig. Signed by****Paul Kautz**Title **Geologist**

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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2A Drinkard

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