

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-07001
Address P.O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒	Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐
EFFECTIVE 8/1/92		

If chance of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Owen	Well No. 1	Pool Name, Including Formation Penrose Skelly GB	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line				
Section 34 Township 21S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Pride Pipeline Co.	P. O. Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Ga ☐	Address (Give address to which approved copy of this form is to be sent)					
Warren Pet						
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:

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 Casing Shoe			
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

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
J. K. Ripley

Printed Name
7/29/92

Date

Technical Assistant

Title
(915)687-7148

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 04 '92**

By **ORIGINAL SIGNED BY JERRY SEXTON**

Title **DISTRICT I SUPERVISOR**