

OIL CONSERVATION DIVISION

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. 30-025-07005
Address P. O. Box 670, Hobbs, New Mexico 88240	
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"/>
Change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Owen	Well No. 6	Pool Name, including Formation Tubb Oil & Gas	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter 0 : 554 Feet From The South Line and 2086 Feet From The East Line Section 34 Township 21S Range 37E, NMPL, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 34	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When? 7-25-90 9-10-90
If this production is commingled with that from any other lease or pool, give commingling order number:						

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded 11/47	Date Compl. Ready to Prod. 7/11/90		Total Depth 6552'		P.B.T.D. 6305'			
Elevations (DF, RKB, RT, GR, etc.) 3433' GL	Name of Producing Formation Tubb		Top Oil/Gas Pay 5930'		Tubing Depth 5875'			
Perforations 6166-5930'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	309'	300 sx
12 1/4"	9 5/8"	2900'	1300 sx
8 3/4"	7"	6301'	700 sx

VI. 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 248	Length of Test 24 hrs	Bbls. Condensate/MMCF 2/248	Gravity of Condensate 37.2 @ 60°
Testing Method (pilot, back pr.) Back Pr	Tubing Pressure (Shut-in) 90 psi	Casing Pressure (Shut-in) 0 psi	Choke Size 24/64

VII. 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  
C. L. Morrill NM Area Prod. Supt.  
Printed Name  
8/2/90  
Date  
(505) 393-4121  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 2 1991

By  
DISTRICT I

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.