

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well API No. 30-025-08755
Address P.O. Box 1150 Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NCT-D)	Well No. 4	Pool Name, Including Formation Jalmat Gas	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Location Unit Letter <u>1</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>22S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Corp. <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 2648, Houston, TX 77252					
Name of Authorized Transporter of Casinghead Gas Northern Natural Gas Co. <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St., 8th Floor, Omaha, NE 68102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? Unknown 2-12-92

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 X	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 2/10/92		Total Depth 3851'		P.B.T.D. 3665'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Jalmat		Top Oil/Gas Pay 3150'		Tubing Depth 3046'			
Perforations 3130 3150'-3580'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE No New Casing	CASING & TUBING SIZE 2-3/8"		DEPTH SET 3046'		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 653	Length of Test 24 hrs	Bbls. Condensate/MMCF 1	Gravity of Condensate 32.0
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Shut-in) 105# FTP	Casing Pressure (Shut-in)	Choke Size 38/64"

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
J. K. Ripley Tech Assistant
Printed Name
3/27/92 Title
Date (915)687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 31
By
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.