

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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. 30-025-08728	
Address P.O. Box 1150 Midland, TX 79702I			
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 change of operator give name  
and address of previous operator

Cancel arrowhead Grayburg.

II. DESCRIPTION OF WELL AND LEASE

Lease Name H.T. Mattern (NCT-E)	Well No. 3	Pool Name, Including Formation Eumont Y-SR-Qn.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unk Letter D : 660' Feet From The North Line and 660' Feet From The West Line Section 12 Township 22S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline <input checked="" type="checkbox"/> or Condensate <input 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 Warren Petroleum <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1909 Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 12	Twsp. 22S	Rge. 36E	Is gas actually connected? yes	When? 7/1/91

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded Plg.Bk. 6/13/91	Date Compl. Ready to Prod. 6/19/91		Total Depth 3685'		P.B.T.D. 3645'			
Elevations (DF, RKB, RT, GR, etc.) 3494' GR.	Name of Producing Formation Queen/Penrose		Top Oil/Gas Pay 3464'		Tubing Depth 3783'			
Perforations 3464'-3640'					Depth Casing Shoe 3685'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
unk.	10 3/4"		280'		225 sx. surf.			
unk.	6" 16#		3685'		350 sx. 2505' T.S.			
	2 7/8"		3783'					

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 6/19/91	Date of Test 7/10/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 30#	Casing Pressure 65#	Choke Size 22/64
Actual Prod. During Test 75	Oil - Bbls. 24	Water - Bbls. 51	Gas- MCF 635

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	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.

B.G. Smith

Signature  
B.G. Smith Tech. Assistant

Printed Name  
7/29/91 Title  
(915)687-7148

Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 23 1991

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.

REC-1

JUL 30 1991

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HONORARY OFFICE