

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-24528	
Address P. O. Box 1150, Midland, TX 79702			
Reason (s) for Filling (<i>check proper box</i>)			
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (<i>Please explain</i>)	
<input type="checkbox"/> 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	
If chance of operator give name and address of previous operator			

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, <u>Federal</u> or Fee	Lease No.
Arrowhead Grayburg Unit	161	Arrowhead Grayburg		
Location				
Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>01</u> Township <u>22S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
EOTT Oil Pipeline Co., Texas-New Mexico Pipeline					P.O. Box 4666, Houston, TX 77210-4666, Suite 2604	
Name of Authorized Transporter of Gaseous Gas <input type="checkbox"/> or D y Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texaco Expl & Prod Inc						
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected ?
						Yes
						When ?
						Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

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 Casin; g			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

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

J. K. Ripley

Signature
J. K. Ripley T.A.

Printed Name
1/27/94 Title
(915)687-7148

Date Telephone No.

By _____
Title _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

- 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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