STATE OF NEW MEXICO
ERGY AND MINERALS DEPARTMENT

DISTRIBUTION	
NTA FE	
LE	
.G.S.	
ND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
ERATOR	
ORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of: [ ] Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate
- Other (Please explain): ~~CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-13-87 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.~~

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
H.T. MATTERN (NCT-B)	24	DRINKARD	FEE	

Unit Letter B : 850 Feet From The NORTH Line and 1725 Feet From The EAST

Line of Section 31 Township 21S Range 37E NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ] — Address (Give address to which approved copy of this form is to be sent): TX NM Pipeline — P.O. Box 2528 HOBBS, NM 88240

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ] — Address (Give address to which approved copy of this form is to be sent): Warren Pet — P.O. Box 1589 Tulsa OK 74102

If produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	8-14-87

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

CERTIFICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)
NM AREA Supt
(Title)
8-19-87
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 21 1987, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
	X		X					

te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-18-87	8-14-87	6800'	

vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3485	DRINKard		

forations 4" GUN, 2 JHPF, 180° PHASE, 6634-35, 6627-28, 6618-19,	Depth Casing Shoe
6603-04, 6597-98, 6590-91, 6585-86, 6581-82, 6574-75	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	11 3/4"	483	525 SX CLASS C CIRC
11"	8 5/8"	2700	LD 500SX CL C TAIL 200SX CLC
7 7/8"	5 1/2"	6800	LD 100-SX CL C TAIL 800 SX CL C
			2ND STAGE LD 400SX CLC TAIL 200SX CL C

TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

e First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-18-87	8-17-87	Pump	
gth of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS.	30	30	2" WD
ual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	77	142	260

WELL

ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**