

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04759
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filing (check proper box) <input checked="" type="checkbox"/> Other (Please explain) RECLASSIFY FROM OIL TO GAS		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If chance of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NCT-A)	Well No. 6	Pool Name, including Formation Queen Penrose Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N : 0660 Feet From The South Line and 1980 Feet From The West Line Section 22 Township 21S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ? Yes	When ? 07/13/93
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	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 07/08/93		Total Depth 3870		P. B. T. D. 3736			
Elevations (DF, RKB, RT, GR, etc.) 3570' GR	Name of Producing Formation Queen/Penrose		Top Oil/Gas Pay 3600'		Tubing Depth 3582'			
Perforations 3600'-3710'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		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 437	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back press.) Flowing	Tubing Pressure (Shut - in) 65#	Casing Pressure (Shut - in) 0	Choke Size 1"
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. J. K. Ripley Signature J. K. Ripley Printed Name 7/14/93 Date T.A. Title (915)687-7148 Telephone No.		<div>OIL CONSERVATION DIVISION</div> <div>JUL 28 1993</div> <div>Date Approved</div> <div>By Paul Kautz Orig. Signed by Geologist</div> <div>Title</div>	

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.

