

OPERATOR: CHEVRON U.S.A. INC.
ADDRESS: P.O. BOX 1949 EUNICE, NEW MEXICO 88231

POOL: EUNICE, YATES TRQ (PG)
TYPE(X) SCHEDULE XX

COMPLETION SPECIAL

COUNTY: LEA, N.M.

11-8-97

GAS-OIL RATIO TEST

DATE

505-394-1245

TELEPHONE NUMBER

NAME	WELL NO.	U	S	T	R	DATE OF TEST	CHOKE SIZE	TRG PRESS.	LENGTH OF TEST HOURS	WATER BBL'S	GRAV OIL BBL'S	GAS MCF	GAS-OIL RATIO CU.FT./BBL	CHURN USE ONLY
COLLINS H C	4	K	14	21S	36E	11/02/97	P	W.O.	30	24	1	0	82.0	

JANDA J F NCT-B EGU 1 J 32 21S 36E 11/02/97 P W.O. 30 24 1 0 100.0

RAMSAY W A NCT-A 40 A 27 21S 36E 11/02/97 P W.O. 30 24 1 0 96.0

RAMSAY W A NCT-A 44 D 27 21S 36E 11/02/97 P W.O. 35 24 37 0 83.0

RAMSAY W A NCT-B 1 F 25 21S 36E 11/02/97 F W.O. 230 24 2 0 92.0

*** RESUBMITTED TEST*****

for insurance

INSTRUCTIONS:

DURING GAS-OIL RATIO TEST, EACH WELL SHALL BE PRODUCED AT A RATE NOT EXCEEDING THE TOP UNIT ALLOWABLE FOR THE POOL IN WHICH THE WELL IS LOCATED BY MORE THAN 25 PERCENT. OPERATOR IS ENCOURAGED TO TAKE ADVANTAGE OF THIS 25 PERCENT TOLERANCE IN ORDER THAT THE WELL CAN BE ASSIGNED INCREASED ALLOWABLES WHEN AUTHORIZED BY THE DIVISION. GAS VOLUMES MUST BE REPORTED IN MCF AT 15.025 PSIA AND A TEMPERATURE OF 60 DEGREES F. SPECIFIC GRAVITY BASE WILL BE 0.60. REPORT CASING PRESSURE IN LIEU OF TUBING PRESSURE FOR ANY WELL PRODUCING THROUGH CASING. (SEE RULE 301, RULE 1116, AND APPROPRIATE POOL RULES.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: Felix Trevino
FELIX TREVINO PRODUCTION SPECIALIST
PRINTED NAME AND TITLE
NOVEMBER 3, 1997
DATE

505-394-1245
TELEPHONE NUMBER