

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Chevron U.S.A., Inc.</u>		Well API No. <u>30-025-04902</u>
Address <u>P. O. Box 1150, Midland, TX 79702</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <u>Cancel Every Fall</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>W. A. Ramsay (NCT-A)</u>	Well No. <u>38</u>	Pool Name, Including Formation <u>S. Eunice SR Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1732</u>
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>21S</u> Range <u>36E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1910, Midland, TX 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, OK 74100</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When? <u>8/11/92</u>
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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <u>7/17/92</u>	Total Depth		P.B.T.D. <u>3740'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3573' GE</u>	Name of Producing Formation <u>SR QUEEN</u>	Top Oil/Gas Pay <u>3568'</u>		Tubing Depth <u>3685'</u>				
Perforations <u>3568'-3708'</u>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>No New Casing</u>								

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 <u>8/12/92</u>	Date of Test <u>8/12/92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>40#</u>	Casing Pressure <u>40#</u>	Choke Size <u>W.O.</u>
Actual Prod. During Test <u>16</u>	Oil - Bbls. <u>4</u>	Water - Bbls. <u>12</u>	Gas - MCF <u>45</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

J. K. Ripley  
Signature  
J. K. Ripley Tech Assistant  
Printed Name  
9/16/92 Title  
Date  
(915) 687-7148  
Telephone No.

OIL CONSERVATION DIVISION  
JAN 25 1993

Date Approved \_\_\_\_\_  
By \_\_\_\_\_ Orig. Signed by  
Paul Kanta  
Geologist  
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.

SEP 29 1992

RECEIVED  
SEP 17 1992  
OCD HOBBS OFFICE