

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 Chevron U.S.A., Inc. | Well API No. 30-025-04915 |
| Address P.O. Box 1150 Midland, TX 79702 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| 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 <input type="checkbox"/> |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|----------------------------------------------|-----------|
| Lease Name W. A. Ramsay (NCT-A) | Well No. 10 | Pool Name, Including Formation Eumont Gas Yates 7R Queen | Kind of Lease State, Federal or Fee State | Lease No. |
| Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 35 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) | | | | | |
| Warren Petroleum Co. | P. O. Elox 1589, Tulsa, OK 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
| | | | | | Yes | 10/4/91 |

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 | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | | X | | | | X | | |
| Date Spudded | Date Compl. Ready to Prod. 6/30/91 | | Total Depth 3880' | | P.B.T.D. 3746' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3587' GR | Name of Producing Formation Yates 7R Queen | | Top Oil/Gas Pay 3014' | | Tubing Depth 2960' | | | |
| Perforations 3014'-3710' | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4" | 9-5/8" | | 291' | | 250 sx | | | |
| 7-7/8" | 5-1/2" | | 3769' | | 350 sx | | | |
| | 2-3/8" | | 2960' | | | | | |

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 458 | Length of Test 24 hrs | Bbls. Condensate/MMCF 0 | Gravity of Condensate -- |
| Testing Method (pilot, back pr.) Flowing | Tubing Pressure (Shut-in) 224# FTP | Casing Pressure (Shut-in) -- | Choke Size 22/64 |

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
Printed Name
10/10/91
Date
Tech Assistant
(915)687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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.