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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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 <i>Chevron U.S.A. Inc.</i>	Well API No. <i>30-025-04931</i>
Address <i>P.O. Box 1150, Midland, Texas, 79702</i>	
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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Harry Leonard</i>	Well No. <i>4</i>	Pool Name, Including Formation <i>Eumont Queen Perrose</i>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No.
Location				
Unit Letter <i>D</i>	: <i>660</i>	Feet From The <i>North</i> Line and <i>660</i>	Feet From The <i>West</i> Line	
Section <i>36</i>	Township <i>21 S</i>	Range <i>36 E</i>	NMPM, <i>Lea</i>	County

II. 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)					
<i>Northern Natural Gas Co.</i>	<i>2223 Dodge St. 8th Floor, Omaha N.E. 68102</i>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded <i>1-10-42</i>	Date Compl. Ready to Prod. <i>9/2/90</i>	Total Depth <i>3825</i>	P.B.T.D. <i>3675'</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>3531</i>	Name of Producing Formation <i>Queen Perrose</i>	Top Oil/Gas Pay <i>3428</i>	Tubing Depth <i>3326'</i>					
Perforations <i>3604' - 3428' 18 holes with 4" guns 1 JHPF</i>			Depth Casing Shoe <i>3730</i>					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4</i>	<i>9 5/8</i>	<i>293'</i>	<i>250 5x</i>
<i>7 7/8</i>	<i>5 1/2</i>	<i>3730'</i>	<i>350 5x</i>
<i>5 1/2</i>	<i>2 3/8" tubing</i>	<i>3326'</i>	

VI. 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 <i>10/3/90</i>	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 <i>515</i>	Length of Test <i>24</i>	Bbls. Condensate/MMCF <i>0</i>	Gravity of Condensate <i>N/A.</i>
Testing Method (pilot, back pr.) <i>back pressure</i>	Tubing Pressure (Shut-in) <i>230</i>	Casing Pressure (Shut-in) <i>0</i>	Choke Size <i>24/64</i>

VII. 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.

Signature *D.M. Bohon*
Printed Name *D.M. Bohon* Title *Technical Assistant*
Date *10/22/90* Telephone No. *(915) 687-7148*

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 is required for wells which are not drilled or deepened.

REL
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