NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State [X] Fee [ ]

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

7. Unit Agreement Name

OIL WELL [X] GAS WELL [ ] OTHER-

Name of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name (NOT-J)
Harry Leonard

Address of Operator
P. O. Box 670, Hobbs, NM 88240

9. Well No.
7

Location of Well
UNIT LETTER J, 3540 FEET FROM THE North LINE AND 2317 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 21S RANGE 37E NMPM.

10. Field and Pool, or Wildcat
Blinebry

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER C1 [X]	

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well C1 in the Blinebry & Drinkard zones due to Shell's NE Drinkard Waterflood

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED L M Cannon TITLE New Mexico Area Supt. DATE 1-7-88

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE _____ DATE JAN 11 1988

CONDITIONS OF APPROVAL, IF ANY:

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator

Chevron U.S.A. Inc.

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- New Well ☐
- Recompletion ☒
- Change in Ownership ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Harry Leonard (NCT-F)	7	Blinebry		

Location

Unit Letter J : 3540 Feet From The North Line and 2317 Feet From The East

Line of Section 2 Township 21S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ — Address (Give address to which approved copy of this form is to be sent)

Shell Pipeline — Box 1910, Midland, TX 79701

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ — Address (Give address to which approved copy of this form is to be sent)

Warren Petroleum — Box 1589, Tulsa, OK 74102
Texaco Producing, Inc. — Box 3000, Tulsa, OK 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	2	21S	37E	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-489

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-21-85	7-30-85	8700'	6350'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3496' GL	Blinebry	5824'	5797'
Perforations			**Depth Casing Shoe**
5824'-5922'			—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Csg			

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-30-85	8-15-85	pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	30	30	O.O.
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
127	97	30	398

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R L Ritter
(Signature)
DIV. PETR. ENGINEER
(Title)
9-3-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP - 5 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.