

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Abandoned Drinkard and Tubb and completed in Wantz Abo.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NET-F)	Well No. 1	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Location Unit Letter <u>R</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>21S</u> Range <u>37E</u> NMPM, <u>L+g</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"/> Shell Pipeline Corp	Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum / Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK / Box 3000, Tulsa, OK
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>2</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

MW Casey
(Signature)
Division Proration Engineer
(Title)
2-10-86
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 12 1986, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res.
Date Spudded 12/31/74	Date Compl. Ready to Prod. 1/15/86	Total Depth 8350'		P.B.T.D. 7828'					
Elevations (DF, RKB, RT, GR, etc.) 3492' GR	Name of Producing Formation Wanz Abo	Top Oil/Gas Pay 6902'		Tubing Depth 7780'					
Perforations 6902' - 7475' (19 holes)				Depth Casing Shoe 8350'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
No new casing									

V. 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)

Date First New Oil Run To Tanks 1-15-86	Date of Test 2-3-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size W.O.
Actual Prod. During Test 22	Oil - Bbls. 12	Water - Bbls. 10	Gas - MCF 40

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

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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-1732

1a. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

b. TYPE OF COMPLETION
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☒ DIFF. RESVR. ☐ OTHER ☐

7. Unit Agreement Name

8. Farm or Lease Name
Harry Leonard (NCT-F)

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

3. Address of Operator
P.O. 670, Hobbs, New Mexico

9. Well No.
1

10. Field and Pool, or Wildcat
2ndy-also

4. Location of Well
UNIT LETTER **R** LOCATED **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **East** LINE OF SEC. **2** TWP. **21S** RGE. **37E** NMPM

12. County
Lea

15. Date Spudded **12/31/74** 16. Date T.D. Reached **12/31/74** 17. Date Compl. (Ready to Prod.) **12/31/74** 18. Elevations (DF, RKB, RT, GR, etc.) **3492** 19. Elev. Casinghead

20. Total Depth **8350'** 21. Plug Back T.D. **7828'** 22. If Multiple Compl., How Many **1** 23. Intervals Drilled By **Rotary Tools** **D-8350** Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name
6902' - 7475'

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
16	65	253'	19 1/2"	300 SX	
10 3/4"	40.5	2904'	13 3/4"	1600 SX	
7"	33	8350'	8 3/4"	800 SX	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 7/8"	6533'	

31. Perforation Record (Interval, size and number)
6902' - 7475' (19 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
6902 - 7475	30680 20% Gel HCL

33. PRODUCTION

Date First Production **12/31/74** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping** Well Status (Prod. or Shut-in) **Prod.**

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
2/3/86	24	W0		12	40	10	3333

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
30	30		12	40	10	39.63

34. Disposition of Gas (Sold, used for fuel, vented, etc.) **Sold** Test Witnessed By

35. List of Attachments

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED

M. W. Casey

TITLE **Division Production Engr**

DATE **2-10-86**

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from _____ to _____

No. 2, from _____ to _____

No. 3, from _____ to _____

No. 4, from _____ to _____

No. 5, from _____ to _____

No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....

No. 2, from.....to.....feet.....

No. 3, from.....to.....feet.....

No. 4, from.....to.....feet.....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation

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OIL CONSERVATION DIVISION
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SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>B-1732</u>

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <u>Chevron U.S.A. Inc.</u>	8. Farm or Lease Name <u>Harry Leonard (NCT-F)</u>
3. Address of Operator <u>P.O. Box 670 Hobbs, NM 88240</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>R</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> N.M.P.M.	10. Is this well Pool, or Wildcat <u>Abo</u>
15. Elevation (Show whether DF, RT, CR, etc.)	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Recomplete in the Abo</u> <input checked="" type="checkbox"/>

17. 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.

P + A Tubb + Drinkard and recomplete in the Abo. TIH w/ tailpipe to 6771'. Squeezed SBB1 slurry into formation. Drilled out cement and test squeezed perfs to 500 psi. Perforated from 6902'-7475. Swabbed well. Acid frac with 30680 20% Gel HCL. Resume well pump. Returned well to production.

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

SIGNED <u>MW Casey</u>	TITLE <u>Division Proration Engr.</u>	DATE <u>2-10-86</u>
APPROVED BY <u>JERRY SEXTON</u> DISTRICT 1 SUPERVISOR	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

FEB 12 1986

ZA Drinkard + Tubb

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1732	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Harry Leonard (NCT-F)	
2. Name of Operator Chevron U.S.A. Inc.		9. Well No. 1	
3. Address of Operator P.O. Box 670 Hobbs, NM 88240		10. Field and Pool, or Wildcat Abo	
4. Location of Well UNIT LETTER <u>R</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC <u>2</u> TWP. <u>21S</u> RGE. <u>26E</u> NMPM		12. County Lea	
19. Proposed Depth		19A. Formation Abo	20. Rotary or C.T.
21. Elevations (Show whether DF, RT, etc.) 3492 DF	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor	22. Approx. Date Work will start 1-11-1986

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
No New Casing					

P&A Tubb and Drinkard. Recomplete in the Abo. Squeeze cement Tubb (6332-6540) and Drinkard (6625-6761) as necessary. Drill out cement and test squeeze to 500 psi for 30 minutes. Drill out CIBP @ 7000. Perforate Abo from 6902-7475. Acidize and fracture treat as necessary. Equip to pump. Return to production.

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed P. H. Binkley Jr. Title Division Drilling Manager Date 1-10-1986
(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY EDDIE SEAY TITLE OIL & GAS INSPECTOR DATE JAN 14 1986
CONDITIONS OF APPROVAL, IF ANY: