

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)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
<i>Show transporters for commingled pools</i>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harry Leonard (NCT-F)	Well No. 17	Pool Name, including Formation Drinkard/Wantz Abo	Kind of Lease State, Federal or Fee State	Lease No. B-1732
Location				
Unit Letter A	897	Feet From The North	Line and 990	Feet From The East
Line of Section 2	Township 21S	Range 37E	NMPM,	Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Co.	P.O. Box 1910, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P.O. Box 1197, Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: 0 Sec: 2 Twp: 21S Rge: 37E	Yes 10/22/85

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

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)  
3/7/86  
(Date)

OIL CONSERVATION DIVISION

MAR 12 1986

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/30/54	Date Compl. Ready to Prod. 12/23/85		Total Depth 7554'			P.B.T.D. 7540'			
Elevations (DF, RKB, RT, GR, etc.) 3525 GL	Name of Producing Formation Drinkard/Wantz Abo		Top Oil/Gas Pay 6809' / 7062'			Tubing Depth 7509'			
Perforations 6809'-7010' 20holes / 7062'-7507' 21 holes						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	8 5/8"		3098			600			
	5 1/2"		5924			750			
7 7/8"	4"		7549			135			
4 3/4"	2 3/8 & 2 1/8"		7509						

#### 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 12/23/85	Date of Test 3/4/86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size W.O.
Actual Prod. During Test 72	Oil - Bbls. 12	Water - Bbls. 60	Gas - MCF 23

#### 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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