

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A., Inc.	Well API No. 30-025-06685
Address P. O. Box 670, Hobbs, New Mexico 88240	
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

Cancel Blinberry + Paddock

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. L. Hardy	Well No. 2	Pool Name, Including Formation Drinkard	Kind of Lease Fee State, Federal or Fee	Lease No.
Location Unit Letter <u>N</u> : <u>554</u> Feet From The <u>South</u> Line and <u>2068</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</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	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 20
	Twp. 21S	Rge. 37E
	Is gas actually connected? Yes	When ? 12-6-88

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date <del>Started</del> 11-15-88	Date Compl. Ready to Prod. 12-6-88	Total Depth 6663'	P.B.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 3487	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6526'	Tubing Depth 6626'					
Perforations 4" guns, 2 SPF, 180° phased. 6585-87, 6575-77, 6560-62, 6551-53, 6538-40, 6526-28		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	13 3/8"	303	300 SX					
	9 5/8"	2901	300 SX					
	7"	6603	700 SX					
	2 7/8"	6626						

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 12-6-88	Date of Test 12-26-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 40	Casing Pressure 45	Choke Size 2" WO
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 11	Gas- MCF 273

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

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.

Signature  
C. L. Morrill - NM Area Prod. Supt.  
Printed Name  
1-17-89  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 20 1989  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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.

100-443887-244  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 03-11-2010 BY 60322

**RECEIVED**

**JAN 19 1989**

**OCB  
HOBBS OFFICE**