

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A. Inc.		Well API No. 30-025-20009
Address P.O. Box 1150, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Evans State	Well No. 4	Pool Name, Including Formation Hardy-Tubb Drinkard	Kind of Lease State, Leasehold	Lease No.
Location Unit Letter 0 : 3150 Feet From The South Line and 1980 Feet From The East Line Section 3 Township 21S Range 36E, 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"/> Koch Oil Co., a div of Koch Ind., Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico, 88231					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 3	Twp. 21S	Rge. 36E	Is gas actually connected? Yes	When? 12/7/90
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>	Date Spudded 7/12/63	Date Compl. Ready to Prod. 12/7/90	Total Depth 6916'	P.B.T.D. 6859'
Elevations (DF, RKB, RT, GR, etc.) 3536.5'	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6475'	Tubing Depth 6381'	Depth Casing Shoe 6000'
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 1292'	SACKS CEMENT 400 sks Circ.	
7 7/8"	4 1/2"	6000'	750 sks 2750' t.s.	
3 1/2" Liner		5558 top, 6917 bottom	100 sks	
2 3/8" & 2 1/16" tbgs.		6381	-----	

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 12/7/90	Date of Test 12/12/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 50	Casing Pressure 0 (Packer set)	Choke Size 2" wide open
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 0	Gas - MCF 245

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 D.M. Bohon Technical Assistant
Printed Name D.M. Bohon Title
Date 12/14/90 (915) 687-7148 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By Paul K. K... Geologist
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.