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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>CHEVRON USA, Inc.</b>	Well API No. <b>30-025-28703</b>
Address <b>P.O. Box 1150 Midland, Texas 79702</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <b>Filed to obtain an allowable for the Tubb Drinkard after OCO permission to commingle.</b>	
New Well <input type="checkbox"/>	Change in Transporter of: 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 <b>DHC of Oil Center Glorietta</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>J.F. Janda (NCT-D)</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Hardy Tubb Drinkard</b>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <b>M</b> : <b>2970</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line Section <b>2</b> Township <b>21S</b> Range <b>36E</b> , NMPM, <b>Lea</b> 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"/> <b>Pride Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2436 Abilene, Texas 79604</b>	
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co. 6601 Natl gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Pembroke, Odessa, Texas 79762</b>	
If well produces oil or liquids, give location of tanks. <b>GPM 6000</b>	When? <b>7-2-84</b>	When? <b>7-2-84</b>
If this production is commingled with that from any other lease or pool, give commingling order number: <b>DHC - 766</b>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>5-2-84</b>	Date Compl. Ready to Prod. <b>3-29-90</b>	Total Depth <b>6794'</b>	P.B.T.D. <b>6748'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3521' GL</b>	Name of Producing Formation <b>Tubb Drinkard</b>	Top Oil Pay <b>(5252' Glorietta) (Drinkard)</b>	Tubing Depth <b>6357'</b>					
Perforations <b>Tubb Drinkard Perfs @ 6440 - 6720</b>			Depth Casing Shoe <b>6793'</b>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17 1/2"</b>	<b>13 3/8" # 40 16/ft</b>	<b>418'</b>	<b>450 sk - circ.</b>					
<b>11"</b>	<b>8 5/8" # 32 16/ft</b>	<b>2707'</b>	<b>850 sk - circ.</b>					
<b>7 7/8"</b>	<b>5 1/2" # 15.5 16/ft</b>	<b>6793'</b>	<b>1700 sk - circ.</b>					
<b>5 1/2"</b>	<b>2 3/8" Prod Tbg.</b>	<b>6357'</b>	<b>—</b>					

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 <b>3-15-90</b>	Date of Test <b>10/15/90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hr</b>	Tubing Pressure <b>35</b>	Casing Pressure <b>35</b>	Choke Size <b>N.A.</b>
Actual Prod. During Test <b>2 oil 50 mcf</b>	Oil - Bbls. <b>2</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>50</b>

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. Bohan**  
Printed Name **D.M. Bohan** Title **Technical Assistant**  
Date **10/24/90** Telephone No. **(915) 687-7148**

OIL CONSERVATION DIVISION

Date Approved **OCT 26 1990**

By **ORIGINAL SIGNED BY JERRY SEXTON**  
DEPUTY SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.