

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 Chevron U.S.A., Inc.	Well API No. 30-025-31633
Address	

Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input 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			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arrowhead Grayburg Unit	Well No. 144	Pool Name, including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter <u>P</u> : <u>418</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line				
Section <u>36</u> Township <u>21S</u> Range <u>36E</u> , 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)					
Texas New Mexico Pipeline	P. O. Box 2528, Hobbs, NM 88240					
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)					
Texaco Expl & Prod Inc.	P. O. Box 3000, Tulsa, Ok 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	9/17/92

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/5/92	Date Compl. Ready to Prod. 9/17/92		Total Depth 3875'		P.B.T.D. 3875'			
Elevations (DF, RKB, RT, GR, etc.) 3484' GE	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3654'		Tubing Depth 3858'			
Performances 3654' - 3868'					Depth Casing Shoe --			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1170'	900
7-7/8"	5-1/2"	3875'	900

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 9/17/92	Date of Test 9/17/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 35#	Casing Pressure 35#	Choke Size W.O.
Actual Prod. During Test 101	Oil - Bbls. 20	Water - Bbls. 81	Gas - MCF 141

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 J. K. Ripley
J. K. Ripley Tech Assistant
Printed Name
10/13/92 (915) 687-7148
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved Oct 14 1992
By Paul Kautz Orig. Signed by
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, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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