State of New Mexico

Energy, Minerals and Natural Resources Departmen.

appropriate District Office

<u>⊃ISTRICT I</u> P. O. Box 1980, Hobbs, NM 88240

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

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chevron U.S.A., Inc.		 .					- 025-32419		
Address P. O. Box 1150, Midland, TX 79	0	-17.5			- .				
Reason (s) for Filling (check proper box)			G		(Please exp	olain) (24650		
New Well X	Change in Tra								
Recompletion Change in Operator	Oil Casinghead Gas	Dry Gas Condens	H 2	NL 20,000 NS F600 (8)	. · · · · · ·	207	16.8		
If chance of operator give name	Casinghead Gas	Condens	- L 0	ByD F U.J Ptr.		0: 1	/ U		
and address of previous operator									
II. DESCRIPTION OF WELL AND LEASE									
Lease Name	Well N	lo. Pool Name, li	ncluding Fo	mation		Kind	of Lease	Lease No.	
LE Janda (NICT D) Com	-4 V -4 '	State, Føderal or Fee							
J. F. Janda (NCT-D) Com 3 Eumont Yates 7R Queen									
Unit Letter C	:0330	Feet From The	North	Line	anc	1980	Feet From The	West Line	
Section 11 Township	218	Range	36E	, NM	PM.	Lea		County	
1 County									
Name of Authorized Transporter of Oil or Condensate Address (Give andress to which approved copy of this form is to be sent)									
G Contains				readiess (Othe dudiess to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Cosing	hand Con	.D., C., V	7			1.1	1 6411		
Name of Authorized Transporter of Casinghead Gas or Dy Gas X Address (Give aadress to which approved copy of this form is to be sent) Warren Petroleun Co. P. O. Box 1589, Tulsa, OK 74102								orm is to be sent)	
If well produces oil or liquids,	TO DOM TOOK OIL 7 1102								
give location of tanks.				Vac			02/19/0	•	
If this production is commingled with that f	from any other lease or no	ol give comming	ling order n	Yes		1	03/18/94		
IV. COMPLETION DATA	Tom any onier rease or po	or, give comming	imig oldel in	illibei:				<u> </u>	
	Oil We	ell Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion		X	X						
Date Spudded 02/21/94	Date Compl. Ready to P 03/18/94	rod.	Total Deptl 3600'	n		P. B. T. D.	25201		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			3600' 3539'						
3543' GR 7R Queen			2952'			3411'			
Peforations 2952'-3538'							Depth Casin; g		
2702 3330	EMENTING RECORD								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12-1/4" 7-7/8"	8-5/8" 5-1/2"	<u> </u>	1300' 3600'			600 525			
, ,,,	7-110		3000			323			
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)									
Date of Test				1 roudeing Method (1 row, pump, gas tijt, etc.)					
Length of Test	ngth of Test Tubing Pressure		Casing Pressure			Choke Size			
ctual Prod. During Test Oil - Bbls.		Water - Bbls.			Gas - MCF				
on- bois.			Water - Bo			Gas - MCI			
GAS WELL									
Actual Prod. Test - MCF/D 1400	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)		Casing Pressure (Shut - in)			Choke Size			
Flowing	30#		30#			W.O.			
						- 1	•		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above				Date Approved MAR 2 5 1994					
is true and complete to the best of my knowledge and belief.				Date Approved FIAR 2 3 1334					
Co.K. Killer	Ву	Ву							
Signature //			ORIGINAL SIGNED BY JERRY SEXTON						
J. K. Ripley T.A.			Title DISTRICT SUPERVISOR						
Printed Name	Title								
3/23/94 Date	(915)687-714								
Daw	Telephone N	ιυ.							

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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--rm C-10#

Revised 1-1-89

See Instructions

Well API No.

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