



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

October 28, 1993

Chevron USA Inc.
ATT: Mike E. Akins
P O Box 1150
Midland, TX 79702

RE: RECLASSIFICATION OF WELLS
BLINEBRY OIL & GAS POOL
Alice Paddock #2-J, Sec. 1, T22S, R37E

Gentlemen:

According to the recently submitted 'scheduled' gas/oil ratio test the above-referenced well will be reclassified from an oil well to a gas well in the Blinebry Oil & Gas Pool effective January 1, 1994, and the oil allowable cancelled effective that date.

If for some reason you feel this test does not reflect the proper classification of this well, please submit another test for our consideration by November 11, 1993.


If the well is to be reclassified to a gas well, please submit the following:

- 1) Revised C-102 outlining acreage to be dedicated to gas proration unit. If proration unit size or well location requires additional approval, please furnish order number approving same or copy of your application for approval of NSP and/or NSL.
- 2) C-104 showing reclassification from oil to gas and designating transporters of condensate and dry gas.

If you have questions concerning the above, please contact Donna Pitzer at (505) 393-6161.

Very truly yours,

OIL CONSERVATION DIVISION


Jerry Sexton
Supervisor, District I

JS::dp

*Sent in new test
will remain oil*



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

OPERATOR'S MONTHLY REPORT
Form C-115 - Revised 7/1/93
See Distribution and Code
Information Bottom of Page

Company
or Operator CHEVRON USA, INC.

Address P.O. BOX J, SECTION 975, CONCORD, CA. Zip 94524

For
Month, August 1993 Page 244 of

POOL NAME (underline)

***Lease Name**

API # WELL NO. UNIT SEC. TWP RNG

*LEASE NAME - Include State Land Number

WELL STATUS

BLINEBRY OIL & GAS

PADDOCK ALICE

BLINEBRY

COUNTY OF LEA

30-025-09938
1 O 1 22S 37E
30-025-09939
2 J 1 22S 37E
30-025-09936
3 P 1 22S 37E
30-025-09940
4 G 1 37E 22S
30-025-09941
5 B 1 22S 37E
30-025-29117
10 I 1 22S 37E

LEASE TOTAL

INJECTION

VOLUME PRESS.

or Federal Lease Number

PRODUCTION

BARRELS
OIL/COND.
PRODUCED

BARRELS
OF WATER
PRODUCED

GAS
PRODUCED
(MCF)

DAYS
PROD.

DISPOSITION OF GAS

TRANS-
POR-
TER

OTHER

C

D

E

OIL ON

HAND AT

BEG. OF

MONTH

DISPOSITION OF OIL

BARRELS
TO
TRANS-
PORTER

TRANS-
POR-
TER

OTHER

C

D

E

OIL ON

HAND AT

END OF

MONTH

0

139

279

1987

31

8140

WAR

0

161

340

SHL

0

183

DISTRIBUTION

Original OCD Santa Fe

One Copy OCD Dist. Office

in which lease is located

One Copy to Transporter(s)

DATE DUE

To be postmarked by 24th day of next
succeeding month.

STATUS CODE

F.....Flowing
P.....Pumping
G.....Gas Lift
S.....Shut In
T.....Temp Abandoned
I.....Injection
D.....Discontinued

"OTHER" GAS DISPOSITION CODE

X.....Used Off Lease { on
D.....Used for Drilling { Form
C-111
G.....Gas Lift
L.....Lost(MCF Estimated)
E.....Explanation Attached
R.....Repressuring or
Pressure Maintenance
V.....Vented
U.....Used On Lease

"OTHER" OIL DISPOSITION CODE

C.....Circulating Oil
L.....Lost
S.....Sedimentation (BS & W)
E.....Explanation Attached
T.....Theft

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND
COMPLETE TO THE BEST OF MY KNOWLEDGE

TYPED NAME

PHONE NUMBER

POSITION

SIGNATURE

DATE

COPIES TO
DISTRICT OFFICE
DISTRICT I
BOX 1980, HOBBS NM 88240
DISTRICT II
P.O. DRAWER DD, ARTESIA, NM 98210
DISTRICT III
2000 RIO BRAZOS RD., AZTEC, NM 87410

OPERATOR: CHEVRON U.S.A. INC.
ADDRESS: P.O. BOX 688 EUNICE, NEW MEXICO 88231

POOL: BLINBRY OIL & GAS
TYPE(X) S T A U T S

COUNTY: hca
SCHEDULE: 107-4000
COMPLETION: 10-18-83
SPECIAL: 107-4000

GAS-OIL RATIO TEST

LEASE NAME	WELL NO	U	S	T	R	DATE OF TEST	CHOKE SIZE	TBG PRESS.	LENGTH OF TEST HOURS	WATER BBL'S	GRAV OIL BBL'S	GAS MCF	GAS-OIL RATIO CU.FT/BBL ONLY	CHVRN USE ONLY
MCCOMACK W T	9	P	32	21S	37E	09/09/93	64.0	75	24	0	35.5	0	52.0	0
PADDOCK ALICE	17	I	32	21S	37E	09/13/93	0.0	35	24	10	36.4	6	40.2	6.683
Redaibly Old #1	2	J	1	22S	37E	09/09/93	0.0	20	24	1	39.5	0	95.1	0 *
DHC Donkey #119	5	B	1	22S	37E	09/23/93	0.0	40	24	2	39.5	2	66.7	33.250
✓ M 4 G 1	37E	22S	09/11/93	P	0.0	20	24	1	39.5	1	15	15.000		
✓ M 10 I 1	22S	37E	09/07/93	P	0.0	20	24	4	39.5	2	33.3	16.500		
✓ M 7 G 25	21S	36E	N/A	SI	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A		

INSTRUCTIONS:
DURING GAS-OIL RATIO TEST, EACH WELL SHALL BE PRODUCED AT A RATE NOT EXCEEDING THE TOP UNIT ALLOWABLE FOR THE POOL IN WHICH THE WELL IS LOCATED BY MORE THAN 25 PERCENT. OPERATOR IS ENCOURAGED TO TAKE ADVANTAGE OF THIS 25 PERCENT TOLERANCE IN ORDER THAT WELL CAN BE ASSIGNED INCREASED ALLOWABLES WHEN AUTHORIZED BY THE DIVISION. GAS VOLUMES MUST BE REPORTED IN MCF AT 15.025 PSIA AND A TEMPERATURE OF 60 DEGREES F. SPECIFIC GRAVITY BASE WILL BE 0.60. REPORT CASING PRESSURE IN LIEU OF TUBING PRESSURE FOR ANY WELL PRODUCING THROUGH CASING.
(SEE RULE 301 RULE 1116 AND APPROPRIATE POOL RULES.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: [Signature]
PRINTED NAME AND TITLE: Production Spec
DATE: 9/30/93
TELEPHONE NO.: 392.8776

COMPLETION _____ SPECIAL _____

TEST	SIZE	PRESS.	HOURS	BBLS OIL	BBLS	MCF	CU.FT/BBLS
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30
31	31	31	31	31	31	31	31
32	32	32	32	32	32	32	32
33	33	33	33	33	33	33	33
34	34	34	34	34	34	34	34
35	35	35	35	35	35	35	35
36	36	36	36	36	36	36	36
37	37	37	37	37	37	37	37
38	38	38	38	38	38	38	38
39	39	39	39	39	39	39	39
40	40	40	40	40	40	40	40
41	41	41	41	41	41	41	41
42	42	42	42	42	42	42	42
43	43	43	43	43	43	43	43
44	44	44	44	44	44	44	44
45	45	45	45	45	45	45	45
46	46	46	46	46	46	46	46
47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48
49	49	49	49	49	49	49	49
50	50	50	50	50	50	50	50
51	51	51	51	51	51	51	51
52	52	52	52	52	52	52	52
53	53	53	53	53	53	53	53
54	54	54	54	54	54	54	54
55	55	55	55	55	55	55	55
56	56	56	56	56	56	56	56
57	57	57	57	57	57	57	57
58	58	58	58				

I HEREBY CERTIFY THAT THE ABOVE INFORMATION
IS TRUE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

[Signature]

SIGNATURE _____

Richie R. Cooper

PRINTED NAME AND TITLE _____

11-21-93

DATE _____

394-3133

TELEPHONE NO. _____

ROA

OPERATOR: CHEVRON U.S.A. INC.
 ADDRESS: P.O. BOX 688 EUNICE, NEW MEXICO 88231

GAS-OIL RATIO TEST
 POOL Blanchy COUNTY Lea
 TYPE(X) S SCHEDULE 1 COMPLETION 11-21-93 SPECIAL 107-4000

WELL NAME	WELL NO	U	S	T	R	DATE OF TEST	DATE	CHOKES	TBG PRESS.	LENGTH OF TEST HOURS	WATER BLS	GRAV OIL	OIL BLS	GAS MCF	GAS-OIL RATIO CU. FT./BBL
<u>Ar e Paddock</u>	<u>#2</u>	<u>1</u>	<u>1</u>	<u>22</u>	<u>37</u>	<u>11/21/93</u>	<u>9:43</u>	<u>2"</u>	<u>28"</u>	<u>24</u>	<u>1</u>	<u>39.6</u>	<u>2</u>	<u>85.0</u>	<u>48500</u>
<u>Disalban previous</u>															
<u>Romana Dil</u>															

INSTRUCTIONS:
 DURING GAS-OIL RATIO TEST, EACH WELL SHALL BE PRODUCED AT A RATE NOT EXCEEDING THE TOP UNIT ALLOWABLE FOR THE POOL IN WHICH THE WELL IS LOCATED BY MORE THAN 25 PERCENT. OPERATOR IS ENCOURAGED TO TAKE ADVANTAGE OF THIS 25 PERCENT TOLERANCE IN ORDER THAT WELL CAN BE ASSIGNED INCREASED ALLOWABLES WHEN AUTHORIZED BY THE DIVISION. GAS VOLUMES MUST BE REPORTED IN MCF AT 15.025 PSIA AND A TEMPERATURE OF 80 DEGREES F. SPECIFIC GRAVITY BASE WILL BE 0.80. REPORT CASING PRESSURE IN LIEU OF TUBING PRESSURE FOR ANY WELL PRODUCING THROUGH CASING.
 (SEE RULE 301 RULE 1118 AND APPROPRIATE POOL RULES.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 SIGNATURE: [Signature]
 PRINTED NAME AND TITLE: Richie A. Cooper PCA
 DATE: 11-21-93 394-3133
 TELEPHONE NO.