

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Chevron U.S.A. Inc.

Address  
P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)	
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hugh</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Blinenberg</u>	Kind of Lease State, Federal or Free <u>Free</u>	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>14</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3119 Midland, Tx 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1587 Tulsa OK 74101</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		<u>14</u>	<u>22S</u>	<u>37E</u>	<u>yes</u>	<u>unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

L. M. Martin  
(Signature)  
New Mexico Area Supt.  
(Title)  
10-7-87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED OCT 14 1987, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

# V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spaced <i>STARTED</i>		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
				<i>6476</i>		<i>5970</i>			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<i>3342</i>		<i>Bumelia</i>							
Perforations <i>10 HFF 6" produced 13 net 256-5642, 5657, 5667, 5674, 5691,</i>						Depth Casing Shoe			
<i>717, 5735, 5756, 5780, 5799, 5803, 5820</i>									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>17 1/4</i>	<i>13 3/8</i>	<i>309</i>	<i>300 SX PL C PIPE SIZE</i>
<i>12 1/4</i>	<i>9 3/8</i>	<i>2875</i>	<i>310 SX CL C " "</i>
<i>9 3/8</i>	<i>7 "</i>	<i>6297</i>	<i>700 SX CL C " "</i>

## TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<i>9-27-87</i>	<i>10-3-87</i>	<i>Pump</i>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<i>24</i>	<i>50</i>	<i>40</i>	<i>2" WC</i>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<i>75</i>	<i>77</i>	<i>110</i>

## AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size