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Appropriate District Office
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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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Chevron U.S.A. Inc.		Well API No. 30-025-10450
Address P.O. Box 1150, Midland, Texas 79702		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion <input checked="" type="checkbox"/>	Change in Transporter of:	
Change in Operator <input type="checkbox"/>	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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ella	Well No. 1	Pool Name, Including Formation Blinebry Oil and Gas	Kind of Lease SHK FIRM For Fee	Lease No.
Location				
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East
Section 25	Township 22S	Range 37E	NMPM,	Lea
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Co. <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1909, Eunice, N.M. 88231
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 25
	Twp. 22S	Rge. 37E
Is gas actually connected? Yes		When? 2/15/91
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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/6/46	Recomp. 1/25/91	Date Compl. Ready to Prod. 6/26/47	Recomp. 2/15/91	Total Depth 7230'	P.B.T.D. 7114'			
Elevations (DF, RKB, RT, GR, etc.) 3325' GR	Name of Producing Formation Blinebry (Top)		Top Oil/Gas Pay 5573'		Tubing Depth 5463'			
Perforations 5573'-5801' Blinebry					Depth Casing Shoe 7219' (liner)			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17 1/2"		13 3/8"		294'		300sx Circ.		
12 1/4"		9 5/8"		2900'		1300sx TOC @ 1535'		
8 3/4"		7"		6365'		700sx TOC @ 2845'		
		4 1/2" liner		Top 6012' Bottom 7219'		230sx TOC @ 6012'		
		2 3/8" Tbg. @ 5463						

V. 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 Tank 2/15/91	Date of Test 2/25/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24hrs	Tubing Pressure 500	Casing Pressure 0	Choke Size 15/64
Actual Prod. During Test	Oil - Bbls. 113	Water - Bbls. 2	Gas- MCF 457

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

I. 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. Bohon
D. M. Bohon Technical Assistant
Printed Name 2/27/91 Title (915) 687-7148
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 04 1991

Date Approved _____

By _____ ORIGINAL SIGNED BY _____

Title _____ DISTRICT I SUPERVISOR

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, IV, V, and VI.