STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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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. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [x] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): Requesting temporary permission to surface commingle at the battery with Ella #2 (Wantz Granite Wash)

60 DAYS

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Ella	1	~~Undesignated~~ ABO	State, Federal or Fee Fee	

Location

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East

Line of Section 25 Township 22S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [x] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas - New Mexico Pipeline Co.	P.O. 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas [x] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	P.O. 1589, Tulsa, OK 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	25	22S	37E	Yes	

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.

M W Casey
(Signature)

Division Proration Engineer
(Title)

7/15/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 17 1986, 19____

BY ~~ORIGINAL SIGNED BY JERRY SEXTON~~

TITLE DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
						X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/6/86	6/20/86	7220	7114
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3325 GL	Undesignated ABO	6572	6493
Perforations			**Depth Casing Shoe**
6572 - 7101			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	294	300 SX
12 1/4	9 5/8	2900	1300 SX
8 3/4	7	6365	700 SX
	4 1/2 Liner 2 3/8	TOL @ 6012 BOL @ 7219 6493	230 SX

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/20/86	7/11/86	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	240 psi	0 psi	20/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
49	30	19	666

GAS WELL

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