

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well API No. 30-025-12171
Address P. O. Box 670, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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 Scarborough Estate	Well No. 3	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease Fee State, Federal or Fee	Lease No.
Location Unit Letter <u>I</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>22 S</u> Range <u>38 E</u> , NMPM, Lea 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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 12/13/88

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 started 11-29-88	Date Compl. Ready to Prod. 12-12-88	Total Depth 7608'	P.B.T.D. 6175'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Blinebry Oil & Gas	Top Oil/Gas Pay 5464'	Tubing Depth 5873'					
Perforations 5464-86-98, 5511-26-53, 5600-10-20-28-42-54-76, 5715-32-50-66-95, 5810-20. WJHPF		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	279'	325 sx					
12 1/4"	9 5/8"	3099'	1080 sx					
8 3/4"	7"	7099'	1000 sx					
	2 7/8"	5873'						

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 12-12-88	Date of Test 12-20-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 39	Casing Pressure 39	Choke Size 2" WO
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 22	Gas- MCF 120

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

VI. 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
C. L. MORRILL-New Mexico Area Superintendent
Printed Name
1-5-89 (505) 393-4121 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 09 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.

**OCD
HOBBS OFFICE**