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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator

Chevron U.S.A. Inc.

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)
DHC w/ Tubb

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
H. T. Mattern (ACT-D)	15	Drinkard	State, Federal or Fee	

Location

Unit Letter D : 400 Feet From The North Line and 860 Feet From The West

Line of Section 7 Township 22S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☑ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
~~Shell~~ Trdg & Transp.	Box 1142 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas ☑ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	Box 1589 Tulsa OK 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	NW/4	7	22S	37E		

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-547

COMPLETION DATA

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

Date ~~Spudded~~	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-11-85	7-18-85	6710'	6690'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3449' GL	Drinkard	6516'	
Perforations			**Depth Casing Shoe**
6516' - 6658'			–

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No New Csg			

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.)	
7-18-85	7-24-85	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	30#	30#	W.O.
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
60	10	50	71

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**

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R J Pitre
(Signature)
DIV. PETR. ENGINEER
(Title)
8-1-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG - 2 1985, 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.

ENERGY AND MINERALS DEPARTMENT

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IL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease: State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator: Chevron U.S.A. Inc.

8. Farm or Lease Name: H.T. Mattern (NCT-D)

3. Address of Operator: P. O. Box 670, Hobbs, NM 88240

9. Well No. 15

4. Location of Well: UNIT LETTER D, 400 FEET FROM THE North LINE AND 860 FEET FROM THE West LINE, SECTION 7, TOWNSHIP 22S, RANGE 37E, NMPM.

10. Field and Pool, or Wildcat: Justis Drinkard

15. Elevation (Show whether DF, RT, GR, etc.): 3449' GL

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER DHC per DHC-547 ☒	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

POH w/prod eqpt. Pump 1000 gals 15% NEFE + 55 gals Gyptron T-130. Clean out. Knock CIBP to bottom. Clean out well to 6690'. Acz w/1000 gals 15% NEFE + pump 55 gals Gyptron T-130. GIH w/prod tbg, pump & rods. Work performed 7-11-85 thru 7-24-85.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R L Pitts TITLE DIV. PETR. ENGINEER DATE 7-30-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG - 1 1985

CONDITIONS OF APPROVAL, IF ANY: