

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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

Operator
Chevron U.S.A. Inc.

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	CRUISINGHEAD GAS MUST NOT BE PLANNED FOR 3-6-88 UNLESS EXCEPTION TO R-4070 IS OBTAINED.	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Dry 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>Amanda</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Blimbury</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>0</u> ; <u>330</u> Feet From The <u>South</u> line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Dea</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>Texaco Prod. Inc. Trading & Transp</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 728, Hobbs NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When
	<u>0 25 22 37E</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

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.

J. Martin
(Signature)
New Mexico Area Supt.
(Title)

(Date)

OIL CONSERVATION DIVISION
APPROVED JAN 22 1988, 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.

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 11-20-87	Date Compl. Ready to Prod.	Total Depth 7385	P.B.T.D. 7255					
Perforations (DF, RKB, RT, CR, etc.) 3307.2	Name of Producing Formation Blindery	Top Oil/Gas Pay	Tubing Depth 5529					
Perforations 5589, 5517, 5602, 5616, 5632, w/ 2 LHPF, 180° phasing							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	11 3/4"	464'	325x CLC CIRC
11 "	8 5/8"	3355'	LA 1400 CLC TI 300x CLC CIRC
7 7/8"	5 1/2"	7385'	1st string LA 1000x CLC TI 1175x CLC
			2nd string LA 375x CL 4" TI 2000x CLC

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 1-6-88	Date of Test 1-11-88	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 HRS.	Tubing Pressure 385	Casing Pressure 0	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 107	Water - Bbls. 0	Gas - MCF 1200

5 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

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