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Appropriate District Office
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P. O. Box 1980, Hobbs, NM 88240

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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator CHEVRON U.S.A., INC.	Well API No. 30 - 025-31561
Address P. O. Box 1150, Midland, TX 79702	
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 chance of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arrowhead Grayburg Unit	Well No. 202	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L : 1950 Feet From The South Line and 350 Feet From The West Line Section 07 Township 22S Range 37E , 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240			
Texas New Mexico Pipeline				
Name of Authorized Transporter of Casinghead Gas <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 3000, Tulsa, OK 74102			
Texaco Expl & Prod Inc.				
If well produces oil or liquids, give location of tanks.	Unit 01	Sec. 22S	Twp. 36E	Rge. 36E
				Is gas actually connected ? Yes
				When ? 06/01/92

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded 05/03/92	Date Compl. Ready to Prod. 05/20/92		Total Depth 3802'		P. B. T. D. 3795'			
Elevations (DF, RKB, RT, GR, etc.) 3448' GE	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3617'		Tubing Depth 3796'			
Peforations 3617-3792					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 8-5/8"	CASING & TUBING SIZE 23#		DEPTH SET 1140'		SACKS CEMENT 950 sx			
5-1/2"	15.5#		3795'		870 sx			

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)

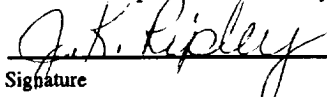
Date First New Oil Run To Tank 06/03/92	Date of Test 6/3/92	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 35#	Casing Pressure 35#	Choke Size W.O.
Actual Prod. During Test 165	Oil - Bbls. 30	Water - Bbls. 135	Gas - MCF 30

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	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
J. K. Ripley Tech Assistant
Printed Name
6/9/1992 Title
(915)687-7148
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

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.

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