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

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

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

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

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.	Well API No.
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 Littlefield "AB" Federal	Well No. 6	Pool Name, Including Formation Shugart Delaware	Kind of Lease State, Federal or Fee	Lease No. NM014103
Location Unit Letter K : 1650 Feet From The South Line and 1650 Feet From The West Line Section 22 Township 18 S Range 31 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Unsuccessful - Well CI	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Well CI	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.	Rge.	Is gas actually connected?	When ?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Started 12-31-88	Date Compl. Ready to Prod. Unsuccessful - Well CI	Total Depth 5100'	P.B.T.D. 5034'					
Elevations (DF, RKB, RT, GR, etc.) 3644'	Name of Producing Formation Shugart Delaware	Top Oil/Gas Pay 4918	Tubing Depth 5014'					
Perforations 120°, 2 JHPF, 97 holes. 4918-20, 4926-30, 4932-36, 4938-46, 4949-63, 4986-92, 4995-5002.			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8 5/8" 24#		626'		375 SX			
	5 1/2" 14#		5099'		750 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 N/A	Date of Test N/A	Producing Method (Flow, pump, gas lift, etc.) Well CI	
Length of Test N/A	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. N/A	Water - Bbls. N/A	Gas- MCF N/A

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 NM Area Prod. Supt.
Printed Name
7-5-89 (505) 393-4121
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1164

- 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.