

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|---|--|------------------------------|
| Operator name and Address Rhombus Energy Co. 200 N. Loraine, Ste. 1270 Midland, TX 79701 | | OGRID Number 019111 |
| | | Reason for Filing Code CH |
| API Number 30-025-04116 | Pool Name Eumont Yates | Pool Code 22800 |
| Property Code 2613 15264 | Property Name Northwest Eumont Unit | Well Number 161 |

II. Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 0 | 34 | 19S | 36E | | 660 | South | 2310 | East | Lea |

Bottom Hole Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 0 | 34 | 19S | 36E | | 660 | South | 2310 | East | Lea |

| | | | | | |
|---------------|-----------------------|---------------------|---------------------|----------------------|-----------------------|
| Lee Code 5 | Producing Method Code | Gas Connection Date | C-129 Permit Number | C-129 Effective Date | C-129 Expiration Date |
|---------------|-----------------------|---------------------|---------------------|----------------------|-----------------------|

III. Oil and Gas Transporters

| Transporter OGRID | Transporter Name and Address | POD | O/G | POD ULSTR Location and Description |
|-------------------|------------------------------|-----|-----|------------------------------------|
| | WIW | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| | |
|-----|------------------------------------|
| POD | POD ULSTR Location and Description |
|-----|------------------------------------|

V. Well Completion Data

| Spud Date | Ready Date | TD | PBTD | Perforations |
|-----------|----------------------|-----------|--------------|--------------|
| Hole Size | Casing & Tubing Size | Depth Set | Sacks Cement | |
| | | | | |
| | | | | |
| | | | | |

VI. Well Test Data

| Date New Oil | Gas Delivery Date | Test Date | Test Length | Tbg. Pressure | Csg. Pressure |
|--------------|-------------------|-----------|-------------|---------------|---------------|
| Choke Size | Oil | Water | Gas | AOF | Test Method |
| | | | | | |

I hereby certify that the rules 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: *Gregory D. Cielinski*

Printed name: Gregory D. Cielinski

Title: President

Date: 6/16/94

Phone: (915) 683-8873

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON

Title: DISTRICT I SUPERVISOR

Approval Date: JUL 15 1994

If this is a change of operator, fill in the OGRID number and name of the previous operator: Chevron U.S.A., Inc. 004323

J. S. Madison

6/16/94

Previous Operator Signature

Printed Name

Title

Date



LTR



Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| 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

I. Operator
CHEVRON U.S.A. INC.

Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

| | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas | Other (Please explain) Name Change Effective 7-1-85 |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Condensate | |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Castinhead Gas | | |

If change of ownership give name and address of previous owner Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------------|---|---|-----------------------|
| Lease Name Northwest Eumont Unit | Well No. 161 | Pool Name, including Formation Eumont | Kind of Lease State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter 0 | Feet From The 660 | Line and South | Feet From The 2310 | County East |
| Line of Section 34 | Township 19S | Range 36E | N.M.P.M. Lea | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

I 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.

R.D. Pate
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY *James S. ...*
TITLE DISTRICT 1 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.