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 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 - 025-05660
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>		EFFECTIVE FEBRUARY 1, 1994
If chance of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name F. W. Kutter (NCT-A)	Well No. 3	Pool Name, Including Formation Eumont Gas	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East Line Section 20 Township 19S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?
	Yes	02/01/94

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	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Reformations						Depth Casing		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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
 J. K. Ripley T.A.
 Printed Name Title
 2/2/94 (915)687-7148
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 3 1994
 By ORIGINAL SIGNED BY JERRY SEXTON
 Title DISTRICT I SUPERVISOR

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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