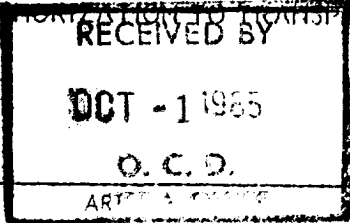


DISTRIBUTION
 SANTA FE ☒
 FILE ☒
 U.S.G.S. ☒
 LAND OFFICE ☒
 TRANSPORTER ☒
 OPERATOR ☒
 PRODUCTION OFFICE ☒
 Operator

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND

Form C-104
 Supersedes Old C-101 and C-11
 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Chevron U.S.A. Inc.

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

Reason(s) for filing (Check proper box)
 New Well ☐ **ADD** Change in Transporter of ☐
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
 Lease Name Callaway Federal Well No. 3 Pool Name, including Formation Diamond mound Atoka Morrow Kind of Lease State, Federal or Free Lease No. NM30395
 Location S : 1980 Feet From The South Line and 1980 Feet From The West
 Line of Section 6 Township 16S Range 28E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ Permian (Est. 9/1/87) Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland TX 79701
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, TX 79999
 Is well produces oil or liquids, ☐ or location of tanks, ☐ Unit S Sec. 6 Twp. 16S Rge. 28E Is gas actually connected? Yes When 3-19-81

this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA
 Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Surface Res't. ☐ Casing Res't.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
 Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.) Post TD-3
 Length of Test Tubing Pressure Casing Pressure Choke Size 10-4-85
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF Add LTI PER

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

CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
 RDP
 DIV. PETR. ENGINEER
 9-30-85
 (Date)
 OIL CONSERVATION COMMISSION
 OCT 4 1985
 APPROVED
 Original Signed By
 Les A. Clements
 Supervisor District II
 TITLE
 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.