Submit 5 Copies
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
rgy, Minerals and Natural Resources Departm

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Chevron U.S.A., Inc.	30-025-10854

Address
P.O. Box 1150   Midland, TX 79702

Reason(s) for Filing *(Check proper box)*   ☐ Other *(Please explain)*

		Change in Transporter of:	
New Well ☐			
Recompletion ☐	Oil ☐	Dry Gas ☒	
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐	

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
C. E. LaMunyon	9	Teague Abo Gas	Federal	

Location

Unit Letter **D**   :660   Feet From The **North** Line and **660** Feet From The **West** Line

Section **27**   Township **23S**   Range **37E**   , NMPM,   **Lea**   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ *Shell Pipeline*	Address *(Give address to which approved copy of this form is to be sent)*
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Sid Richardson Carbon & Gasoline	Address *(Give address to which approved copy of this form is to be sent)* 201 Main St., Suite 3000, Ft. Worth, TX 76102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When ? Unknown

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 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
Perforations		Depth Casing Shoe	

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 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.

J. K. Ripley

Signature
J. K. Ripley   Tech Assistant

Printed Name 11/21/91	Title (915)687-7148
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____ JAN 14 '92

By_____ ORIGINAL SIGNED ___ _RY SEXTON_
         DISTRICT ___ __ISOR

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.

CEL#9