

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV
P.O. Box 2088, Santa Fe, NM 87504-2088

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 February 10, 1999
Instructions on back
Submit to Appropriate District Office
5 Cope

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|---|---|---|
| ¹ Operator Name and Address CHEVRON USA INC 15 SMITH ROAD, MIDLAND, TX 79705 | | ² OGRID Number 4323 |
| | | ³ Reason for Filing Code RC |
| ⁴ API Number 30-025-20088 | ⁵ Pool Name PENROSE SKELLY GRAYBURG | ⁶ Pool Code 50350 |
| ⁷ Property Code 2628 | ⁸ Property Name GRAHAM STATE NCT-I (FORMERLY EUNICE COM #2) | ⁹ Well No. 2 |

II. ¹⁰ Surface Location

| | | | | | | | | | |
|--------------------|---------------|------------------|---------------|---------|------------------------|---------------------------|-----------------------|------------------------|---------------|
| Ul or lot no. L | Section 19 | Township 21-S | Range 37-E | Lot.Idn | Feet From The 1980' | North/South Line SOUTH | Feet From The 560' | East/West Line WEST | County LEA |
|--------------------|---------------|------------------|---------------|---------|------------------------|---------------------------|-----------------------|------------------------|---------------|

¹¹ 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 |
| ¹² Lse Code S | ¹³ Producing Method Code P | ¹⁴ Gas Connection Date | ¹⁵ C-129 Permit Number | ¹⁶ C-129 Effective Date | ¹⁷ C-129 Expiration Date | | | | |

III. Oil and Gas Transporters

| | | | | |
|---------------------------------|--|-------------------|-------------------|--|
| ¹⁸ Transporter OGRID | ¹⁹ Transporter Name and Address | ²⁰ POD | ²¹ O/G | ²² POD ULSTR Location and Description |
| 022507 | EQUILON | 0708110 | O | L-19-21S-37E LEA COUNTY, NM, |
| 024650 | DYNEGY | 0712530 | G | L-19-21S-37E LEA COUNTY, NM METER #161-161-191 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| | |
|------------------------------|--|
| ²³ POD 0712550 | ²⁴ POD ULSTR Location and Description L-19-21S-37E, LEA COUNTY, NM |
|------------------------------|--|

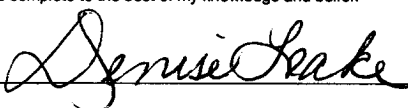
V. Well Completion Data

| | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|--|
| ²⁵ Spud Date 7/22/2004 | ²⁶ Ready Date 8/2/2004 | ²⁷ Total Depth 6700' | ²⁸ PBTD 3599' | ²⁹ Perforations 3650-3890' |
| ³⁰ HOLE SIZE | ³¹ CASING & TUBING SIZE | ³² DEPTH SET | ³³ SACKS CEMENT | |
| NO CHANGE | | | | |
| | | | | |
| | | | | |

VI. Well Test Data

| | | | | | |
|---|--|---------------------------------------|--|-------------------------------|--------------------------------|
| ³⁴ Date New Oil 8/27/2004 | ³⁵ Gas Delivery Date 8-27-04 | ³⁶ Date of Test 8-27-04 | ³⁷ Length of Test 24 HRS | ³⁸ Tubing Pressure | ³⁹ Casing Pressure |
| ⁴⁰ Choke Size | ⁴¹ Oil - Bbls. 8 | ⁴² Water - Bbls. 720 | ⁴³ Gas - MCF 113 | ⁴⁴ AOF | ⁴⁵ Test Method P |

⁴⁶ 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.

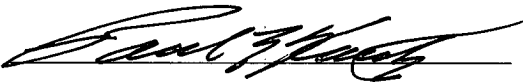
Signature 

Printed Name Denise Leake

Title Regulatory Specialist

Date 8/31/2004 Telephone 915-687-7375

OIL CONSERVATION DIVISION

Approved By: 

Title: PETROLEUM ENGINEER

Approval Date: OCT 12 2004

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

| | | | |
|-----------------------------|--------------|-------|------|
| Previous Operator Signature | Printed Name | Title | Date |
|-----------------------------|--------------|-------|------|