Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 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 1-1-89
See Instructions
at Bottom of Pag

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	REQ					AUTHORI					
I. TO TRANSPORT OIL						Well API No.					
Chevron U.S.A., Inc.							30	-025-2893	1		
Address P.O. Box 1150 Mid	lland, T	X 7970	2								
Reason(s) for Filing (Check proper box)					OI	her (Please expl	ain)				
New Well	011	Change in									
Recompletion	Oil Casinaha	ad Gas 🗵	Dry Ga Condea								
If change of operator give name and address of previous operator	Caangre	au Oas [-]	Conoci	unite [_]							
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name								of Lease No. Federal or Fee 157000			
W. A. Ramsay (NCT-D)		5	Dolla	rhide Tu	ubb Drinka	rd	Stat		15782	2C	
Location Unit Letter K	. 1650 Feet From The Sc				outh Line and 1650 Fe			et From The West Line			
Section 28 Township	., N	, NMPM, Lea County									
III. DESIGNATION OF TRAN	SPORTE			D NATU						<del>.,</del>	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be Pride Pyeline											
iame of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline								copy of this form is to be sent) ), Ft. Worth, TX 76102			
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp.	Rge	. Is gas actual	Is gas actually connected? When Yes			17 Unknown		
If this production is commingled with that f	rom any ot	her lease or	pool, giv	e comming	ling order nun	iber:					
IV. COMPLETION DATA		10:31:		2 - 21/-11	1 11 117.11	1 27/	) B	1 200 200 16	D D	nier n t.	
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	<u> </u>		P.B.T.D.	12		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
	-	TUBING.	CASI	NG AND	CEMENT	NG RECOR	D	1			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
								ļ			
							<del></del>	ļ			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after recovery of total volume of load oil and must be 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					1		· · · · · · · · · · · · · · · · · · ·				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
										· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
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.					JAN 1 3 '0'						
OK Piole					Date	Date Approved					
Signature  J. K. Ripley  Tech Assistant					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name 12/12/91	Title					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.

Telephone No.

- 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.

Date