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| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | | | |
|---|-------------------------------------|--------------------------------------|--------------------------|
| Operator | | Chevron U.S.A. Inc. | |
| Address | | P. O. Box 1660, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Dry Gas | <input type="checkbox"/> |
| | | Gas-lifted Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

If change of ownership give name and address of previous owner: Chevron Oil Company, P. O. Box 1660, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|-----------------|--------------------------------|--------------------------------|----------------------------------|
| Lease Name | Well Name, Including Formation | Kind of Lease | Lease No. |
| H. D. McKinley | 1 Hobbs Grayburg-San Andres | State, Federal or Fee Patented | |
| Location | | | |
| Unit Letter | F | 2310 Feet from The North | Line and 1980 Feet from The East |
| Line of Section | 20 | Township 18-South | Range 38-East |
| | | Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|--|--|--|-----------|
| Name of Authorized Transporter of Oil | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Atlantic Pipeline Co. | | Box 1190, Midland, Texas 79701 | |
| Name of Authorized Transporter of Gas-lifted Gas | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Phillips Petroleum Co. | | Box 66, Eunice, New Mexico 88231 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | F | 20 | 18-S 38-E |
| | | | Yes |
| | | | 11-3-58 |

If this production is commingled with that from any other lease or pool, give name and number:

IV. COMPLETION DATA

| | | | | | | | |
|--|-----------------------------|---------------|--------------|--------|-----------|-------------|--------------|
| Designate Type of Completion -- (X) | Oil Well | Gas Well | New Well | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | P.B. T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Testing Depth | | | | | |
| Perforations | Depth Casing Shoe | | | | | | |
| TUBING, CASING, AND CEMENTING REQUIRED | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH TEST | SACKS CEMENT | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after completion of well on line of load oil and must be equal to or exceed top allowable for this depth or better in 24 hours)

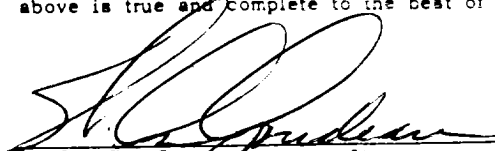
| | | | |
|---------------------------------|------------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Production (Specify pump, gas lift, etc.) | |
| Length of Test | Testing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|------------------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | BBQ (Specify pump, gas lift, etc.) | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. 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


W. A. Goudeau
Area Supervisor

(Title)

February 25, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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.

Separate Forms C-104 must be filed for each pool in multiply