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 Minerals and Natural Resources Department Enc

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Chevron U.S.A., Inc. Address P. O. Box 670, Hobbs, New Mexico 88240 Reason(5) for Filing (Chack proper box) New Well S2 Change in Transporter of: Dry Gas Appropriate to first well must be obtained from the state of previous operation operation of previous operation of previous operation ope	I.		TO TR	ANSF	PORT OIL	AND NA	TURAL G					
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Unit Letter L	Cockburn "G" Federal			Mes	calero :	Escarpe	Bone Spr	ing State,	Federal or Fe	LC-0		
Section 10 Township 185 Range 33E NMPM, Le3 County	Location							<u> </u>				
Section 10 Township 18S Range 33E NMPM Le3 Country	Unit LetterL	_ : <u> 165</u>	50	_ Feet I	From The	South Lin	e and940) . Fe	et From The	West	Line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Section 10 Township	n 185						_				
Address (Give address to which approved copy of this form is to be seen) Pride Pipeline Company Name of Authorized Transporter of Casinghead Gas	Devices 10 lowners	105		KANge	335	, N	мРМ,	Lea			County	
Address (Give address to which approved copy of this form is to be seen) Pride Pipeline Company Name of Authorized Transporter of Casinghead Gas	III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
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If well produces oil or liquide, we location of tasks. If this production is committingled with that from any other lease or pool, give committingling order nameber: V. COMPLETION DATA Designate Type of Completion - (X) X Designate Type of Completion - (X) Resignation Suppletion -						P. O. B	ox 2436,	, Abile	ne, Texa	s 7960	4	
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Designate Type of Completion - (X) Designator -	f this production is commingled with that	from any oth	er lease or	pool, g	ive comming	ing order numl	ber:	<u></u> _				
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11-12-89	Date Spudded			n Prod					<u> </u>	<u></u>	<u>. </u>	
Name of Producing Formation South	11-12-89								P.B.T.D. 9491'			
## According Secretary Secre	Elevations (DF, RKB, RT, GR, etc.)											
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	DEG.		Tele	phone N	vio.							

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.