Submit 5 Copies Appropriate District Office	State of New Mexico gy, Minerals and Natural Resources Departmy						Form C-104 Revised 1-1-89 See Instructions		1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL	CON			DIVISIC	N			n of Page
DISTRICT II P.O. Drawer DD, Artenia, NM 88210		Santa Fo		ox 2088 Iexico 875	04-2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST				AUTHOR				
Operator		ANOr			II ONAL G	Well	API No.		
Chevron U.S.A., Inc						30-	-025-0400)6	
P.O. Box 1150 Mi	dland, TX 797	02			45.0	····			
Reason(s) for Filing (Check proper box) New Well	Change	in Transp	orter of:		et (Please expl	ain)			
Recompletion	Oil Casinghead Gas	Dry G							
Change in Operator	Calinghead Oas				<u> </u>				
and address of previous operator II. DESCRIPTION OF WELL	ANDLEASE								
Lease Name Northwest Eumont Unit	ase Name Well No. Pool Name, Inclu						Kind of Lease State, Federal or Fee State		ase No.
Unit Letter <u>F</u>	. 1980	Feet Fi	rom The <u>No</u>	orth Lie	e and <u>2310</u>		et From The _	West	Line
Section 14 Townshi	p 19S	Range	36E	<u>, N</u>	MPM,		Lea		County
III. DESIGNATION OF TRAN	SPORTER OF	OIL AN	D NATI	RAL GAS					
iame of Authorized Transporter of Oil X or Condensate				Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casin, Warren Petrol		or Dry	Gas 🛄	Address (Giv	e address to w	hich approved	copy of this fo	rm is to be se	nt)
If well produces oil or liquids, rive location of tanks.	Unit Sec.	Sec. Twp. Rge. Is		-	is gas actually connected? Yes		When ? Unknow		
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, gi	ve comming			1			
Designate Type of Completion	- (X)	'ell (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	<u></u>	Total Depth	I	I	P.B.T.D.		1
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation		Top Oil/Gas	Pay		Tubing Dept	<u> </u>	
erforations							Depth Casing Shoe		
							Depth Casing	s Shoe	
		CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after re			oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hour	s.)
Date First New Oil Run To Tank	Date of Test		F.W.6.7		ethod (Flow, pu	The second se		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL	1					. <u></u>	<u> </u>		
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COM	PLIAN	ICE	_					
I hereby certify that the rules and regula				H C		SFRV	ATION E	DIVISIO	N
Division have been complied with and the task of my h	hat the information g							0.00	
is true and complete to the best of my is	hat the information g			Date	Approved	± t	APR 2		
Signature J. K. Ripley	hat the information g nowledge and belief.			Date		± t	APR 2		Н
is true and complete to the best of my is <u>A. K. Riply</u> Signature	hat the information g nowledge and belief. Tech	iven above	ant	Date By	Approved	J L SIGNE P. II	APR 2 D BY RA	Y SMIT	

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED APR 2 7 1992 OCD HOBBS OFFICE

~

 \sim