<b></b> _					Transa wasa						
Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240		Minerals	s and Na	ew Mexico ural Resources Department ATION DIVISION ox 2088			Form C-104 Revised 1-1-89 See Instructions				
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210			P.O. B					at Bottom of Page			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					exico 875						
I.	REQ				BLE AND	AUTHOR	ZATION				
Operator			ANSPC		AND NA	TURAL G		API No.			
Chevron U.S.A Inc	•		<u> </u>					-025-042	252		
P.O. Box 1150, Mic	iland,	l'exas	79702	2							
Reason(s) for Filing (Check proper box) New Well		Change is	T		A Ou	er (Please exp	ain)				
Recompletion	Oil		Dry Gas		Effec	o show un tive Date	e 12/1/9	0		ln well name	
Change in Operator	Casinghe	ed Gas	Condens	nate 🚺	Old We	11 Name:	R.R. Be	11 (NCT-	-G) #2		
and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	The second se	1							•	
Eunice Monument South	Unit B	Well No. 893	Fool Na Eun	<b>ms, Includi</b> lice Mc	nument	Grayburg	S.A State,	of Lesse Feldering #4	6 4	tase No.	
Location		<b></b>	L				l				
Unit Letter0	_:660	0	, Feet Pro	<b>m The</b>	outh Li	<b>and</b> <u>198</u>	30 Fe	et From The .	East	Line	
Section 13 Townshi	<u>205</u>	• — _	Range	<u>36E</u>	N	MPM,	Lea			County	
III. DESIGNATION OF TRAN	ISPORTE		IT. ANT	) NATTI							
Name of Authorized Transporter of Oil	XX	or Conden			Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701						
Shell Pipeline Name of Authorized Transporter of Casin	shead Gas		or Dry C		the second se			-		-	
Warren Petroleum Co	Warren Petroleum Co.					editess to w Box 1909,	Eunice	, New Me	exico 882	nt) 1.31	
If well produces oil or liquids, give location of tanks.	Unit O	<b>Sec.</b> 13	<b>Twp.</b> 20S	<b>Re.</b> 36E	ls gas actual Yes	y connected?	weeked? When ?				
If this production is commingled with that	from any of	ber lease or				ber:	1				
IV. COMPLETION DATA		Oil Well						) <del></del>	······		
Designate Type of Completion	- (X)			as Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	-		P.B.T.D.	· <b></b> · · · · · · · · · · · · · · · · · ·	<b>1</b>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
									ng pupe		
	TUBING, CASING AND										
HOLE SIZE	<u> </u>	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				<u> </u>		·····			<u> </u>		
V. TEST DATA AND REQUE	ST FOR	ALLOW/	BLE								
OIL WELL (Test must be after 1 Date First New Oil Run To Tank	Date of Te		of load o	i and must		r exceed top all iethod (Flow, p			for full 24 hou	rs.)	
	Late of Tem								Choka Šiza		
Leagth of Test	Tubing Pr	Tubing Pressure				Casing Pressure					
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
					[						
GAS WELL Actual Prod. Test - MCF/D	-	Test			Bble Conde	sate/MM/CP		Gravity of	Condensite		
Actual Frod. 198 - MALTED		Length of Test									
Testing Method (pilot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Cacing Pressure (Shut-in)			Choka Size			
VL OPERATOR CERTIFIC		<u>сола</u>	TAN								
I hereby certify that the rules and regul				<b>U</b>		OIL COI	<b>NSERV</b>	ATION	DIVISIC	N	
Division have been compiled with and is true and complete to the best of my	that the info	rmation give	svoda Bi			a Approve	الم.	DEC 1	8 1990		
•					Date	a Abblone	Or is a second		V GOV		
A.M. born				<u> </u>	By_		Paul	Kaucz			
Signature D.M. Bohon Technical Assistant							Geob	-9-11-6 -			
Printed Name 12/6/90	(915	) 687-7			Title					· <u> </u>	
Date		Tele	phone No	).							
					Bula 1104						

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.