Submit 5 Copies Appropriate District Office DISTRICT I

P. O. Box 1980, Hobbs, NM 88240 DISTRICT II P. O. Drawer DD, Artesia, NM 88210

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

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.												
Operator Chevron U.S.A., Inc.										API No.		
Address P. O. Box 1150, Midland, TX 7	0702	· · · · · · · ·								- 025-04292		
Reason (s) for Filling (check proper box)	7/02			 -			Othe	ı (Please ex	vlain)			
New Well Recompletion	Chan Oil	ige in Tran		_	_	_		•	,			
Change in Operator	Casinghead Ga	AS)	Dry Gas Condens								
If chance of operator give name and address of previous operator												
	4 N D T D 4 G											
II. DESCRIPTION OF WELL Lease Name	AND LEASE	Well No.	. Pool N	Vame. I	ncluding Fo				Įψ:	d of Lease		
Funda Managara (C. a) II to D					Monun			<u>-</u>		Kind of Lease Lease No. State, Federal or Fee		
Unit Letter D	:	0660	_Feet Fn	om The	Nort	<u>b</u>	_Line	and	660	_ Feet From The	West Line	
Section 23 Township	208		Range		36E		, NM	РМ,	Le	a	County	
III. DESIGNATION OF TRAN	SPORTER (OF OIL	AND N	NATU	RAL GA	S						
Name of Authorized Transporter of Oil	\mathbf{X}	or Conde	nsate		Addı	ess	(Give	address to	which appro	wed copy of this f	form is to be sent)	
EOTT Oil Pipeline Co., ARCO Name of Authorized Transporter of Casing	head Gas	$\frac{\mathcal{O}\left(\mathcal{O}\right)}{1 \text{ or } D}$	y Gas	_	Addi	200	P.O.	Box 4666	, Houston	TX 77210-46	66, Suite 2604	
If well produces oil or liquidy Pipelin	00 I D								wnich appro	ved copy of this f	orm is to be sent)	
give location Effective 4-1-94	Unit Sec. Twp. I				ge. Is gas actually connected?				When ?			
If this production is commingled with that from any other lease or pool, give commin						Yes				Unknown		
IV. COMPLETION DATA	Tom any one le	ase or boot	, give co	mmingi	ing order n	ambe <u>r:</u>						
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Work	over	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Re	ady to Pro	d.		Total Dept	<u>i</u> h	1		P. B. T. D.		L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Peforations												
										Depth Casin _i g		
HOLE SIZE	TUBING, CASING AND C E CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
									SACRS CEMENT			
												
V. TEST DATA AND REQUES	T FOR ALL	OWABI	Æ									
OIL WELL (Test must be after red) Date First New Oil Run To Tank	ecovery of total ve			nd must	be equal to	or exce	ed top	allowable f	for this depth	or be for full 24	hours)	
Date Plat New Oil Run 10 18mk	Date of Test	Producing Method (Flow, pump, gas					:.)					
ength of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas - MCF			
GAS WELL	<u></u>				.				L	•		
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate		
esting Method (pilot, back press.) Tubing Pressure (Shut - in)					Casing Pressure (Shut - in)				Choke Size			
								<u> </u>				
I hereby certify that the rules and regulati				I			OIL	CONS	ERVAT	ION DIVIS	ION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved FEB 1 0 1994							
D. D. D.	micake mia delie	4.				Appn	OVEC	<u> </u>				
Signature					By ORIGINAL SIGNED BY JERRY SEXTON							
J. K. Ripley T.A.					TitleDISTRICT I SUPERVISOR							
Printed Name 1/26/94	Title	07 71 40	 -		•			!!				
Date		87-7148 phone No.			-							

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.
- 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.