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Hobbs, NM 88241-1980

Alameda, NM 88211-0719

Las Alamos, NM 87410

Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994

Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address		OGRID Number	
Chevron U.S.A., Inc. P. O. Box 1150 Midland, TX 79702		4323	
Reason for Filing Code		Assign new Gas POD	
API Number	Pool Name	Pool Code	
30 - 06009	Eumont Gas	76480	
Property Code	Property Name	Well Number	
565	Theodore Anderson	1	

II. Surface Location

UL or	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
C	8	20S	37E		660	South	1980	East	Lea

Bottom Hole Location

UL or	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
" La	Producing Method Code		Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date
P	F		3/28/95						

III. and Gas Transporters

Porter ID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022	Texaco E&P Inc. P.O. Box 730, Hobb, NM 88240	2814942	G	

IV. Produced Water

POD	POD ULSTR Location and Description

V. Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Test Data

New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Well Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and the information given above is true and complete to the best of my knowledge and belief.

Signature: *K. Ripley*
Printed Name: Ripley

Date: 5/24/95
Phone: (915) 687-7148

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY
GARY WINK
Title: FIELD REP. II

Approval Date: MAY 30 1995

If there is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

