Submit 5 Copies
Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210

State of New Mexico 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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Chevron U.S.A., Inc. 30-025-31003 Address P.O. Box 1150 Midland, TX 79702 Reason(s) for Filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Recompletion Dry Gas Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee Lease No. J. R. Holt (NCT-C) Gas Com **Eumont Gas Yates 7R Queen** 2 State Location Unit Letter P . 1190 Feet From The South __ Line and 1195 Feet From The East Section 195 Range 37E Township , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Co. P. O. Box 1589, Tulsa, OK 74102 If well produces oil or liquids, give location of tanks. Unit Twp. Sec Rge. is gas actually connected? When? No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'y Designate Type of Completion - (X) X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 1/9/91 3900' 3490' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3693.8' GR Yates 7R Queen 3790' 3121' Perforations Depth Casing Shoe 2792'-3023' TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT 12-1/4" 8-5/8" 1425 900 sx 7-7/8" 5-1/2" 3900' 650 sx 2-3/8" 3121' V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCI Gravity of Condensate 136 24 hrs Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size **Pumping** 110# W. O. VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation 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 _ J. K. Ripley Tech Assistant Printed Name Title 9/26/91 Title_ (915)687-7148 Date

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.

Telephone No.

- 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.