Submit 5 Copies Appropriate District Office **DISTRICT I**

OIL CONSERVATION DIVISION P. O. Box 2088

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

P. O. Box 1980, Hobbs, NM 88240

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Coperator			 							API No. 025-06841		
Chevron U.S.A., Inc. Address										025-00041		
P. O. Box 1150, Midland, TX 797	/02						Other	Please expl	lain)			
Reason (s) for Filling (check proper box) New Well	Chan	ge in Trans	porter of	f:					,			
Recompletion	Oil X Dry Gas											
Change in Operator	Casinghead Ga	ıs	<u> Ц</u>	Condensa	te							
If chance of operator give name and address of previous operator												
II. DESCRIPTION OF WELL A	AND LEASE	Ξ							Tre:		Y	
Lease Name		cluding Formation				1	Kind of Lease Lease No. State, Federal or Fee					
Central Drinkard Unit		rd						<u></u> _				
Location									1054	T . T . TT	\$\$7a4 T.	
Unit Letter F	:	1874	Feet Fr	om The	North		_Line a	nd	1874	_ Feet From The	West Line	
Section 28 Township	215		Rangi		37E		, NMP	PM,	Lea		County	
III. DESIGNATION OF TRANS	SPORTER (OF OIL	AND I	NATUI	RAL GA	S	(Give	address to	which approx	ved copy of this fo	orm is to be sent)	
Name of Authorized Transporter of On												
EOTT Oil Pipeline Co. Name of Authorized Transperter of Casingle	head Gas	orl) y Gas		Addre	ess	P.O. (Give	address to	, Houston, which appro	TX 77210-46 ved copy of this fo	orm is to be sent)	
Marria) Btook	im				1				When?			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas	ictuai	ly conne	cied ?	Wilen:			
						Yes			<u> </u>	Unknown		
If this production is commingled with that f	rom any other le	ease or poo	ol, give c	ommingi	ıng order ni	ımbei			-			
	(3.7)	Oil Wel	ll Ga:	Well	New Well	Wo	rkover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod.					Total Dept	<u> </u> h			P. B. T. D.	<u> </u>	<u> </u>	
						Top Oil/Gas Pay				Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						1						
Peforations									Depth Casi	ın; g		
TUBING, CASING AND CI HOLE SIZE CASING & TUBING SIZE						EMENTING RECORD DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			·	DEI III ODI							
	 											
V. TEST DATA AND REQUES OIL WELL (Test must be after	ST FOR AL.	LOWAI Lvolume of	BLE Fload oil	and mus	t be equal t	o or e.	xceed to	p allowable	for this dept	h or be for full 24	1 hours)	
Date First New Oil Run To Tank	Date of Test				Producing	Meth	od	(Flow, pun	np, gas lift, e	tc.)		
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas - MCF			
					<u>L</u>							
GAS WELL Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF				Gravity of Condensate		
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)				Choke Siz	Choke Size		
results (provide the control of the	Taome Trosser (one in)				<u> </u>	-						
I hereby certify that the rules and regul:	ations of the Oil	Conservat	ion				OI	L CON	SERVA	TION DIVI	SIQN	
Division have been complied with and	that the informa	tion given	above			_				TION DIVI MAR U	4 1994	
is true and complete to the best of my k	mowledge and b	belief.			Date By	e Ap	prove	∌a				
D.K. Ripleir								OKSINIA I	CANED	gV jebb∨ ce	YTON	
Signature T.A.						ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR						
J. K. Ripley Printed Name	Titl			•								
1/27/94	(91	15)687-71	148									

Telephone No. 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.
- 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.

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