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

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II
P.O. Drawer DD, Astesia, NM \$2210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III				
1000 Rio Beare	RA.	Artec	M	27410

Santa Fe, New Mexico 87504-2088

I.	REQU	JEST FOR	R ALLOWA SPORT OI	BLE AND AUTHOR LAND NATURAL G	NZATION				
				Well API No.					
Chevron U.S.A.,	Inc.				3	0-02	5-068	151	
P. O. Box 670,	Hobbs,	New Mex	<u>ico 8824</u>	0					
Rescon(e) for Filing (Check proper box) New Well Recompletion Change in Operator	Oll Casingher		nasporter of: ry Gas	Other (Please exp	•	1-1-90			
and address of previous operator			1. Carlo 11. Carlo 11. Carlo 11.				<u>-</u>		
IL DESCRIPTION OF WELL	Ars a							•	
Eunice King	ng 14 Hare S				of Lease Pederal or Fee Lease No.				
Unit LetterG	_:	274 R	et Prom The 🛆	orth Line and 20	86 =	est From The	Easi	t Line	
Section 2 9 Townshi					Lea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF OIL	AND NATU	RAL GAS	· , · · · · · · · · · · · · · · · · · ·				
Pride Pipeline Com	ipany	or constant	' _□	P. O. Box 2436	P. O. Box 2436, Abilene, Texas 79604				
Name of Authorized Transporter of Casia Warren Let	Name of Authorized Transporter of Casinghead Ges or Dry Ges			Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Umik	Sec. TV	1 37	Is gas actually connected? When ?		17			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or poo	l, give comming	ling order aumber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	il. Ready to Pro	d.	Total Depth		P.B.T.D.		<u> </u>	
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth						
Perforations		I	Depth Casing	Depth Casing Shoe					
	<u>T</u>	UBING, CA	SING AND	CEMENTING RECOR	<u> </u>	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	 								
V. TEST DATA AND REQUES	T FOR A	LLOWABI	Æ			<u> </u>			
OIL WELL (Test must be after n Date First New Oil Rus To Task	ecovery of to	ed volume of lo	ad oil and must	be equal to or exceed top all	owable for thi	s depth or be fo	r full 24 hour	e.)	
	Date of Tes	i .		Producing Method (Flow, po	urp, gas lift, i	uc.)			
Length of Test	Tubing Pres	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.		Gas- MCF				
GAS WELL	J—					<u> </u>			
Actual Prod. Test - MCF/D	D Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VL OPERATOR CERTIFIC	ATF OF	COMPLI	ANCE			L			
i nereby certify that the rules and regula Division have been complied with and t	itions of the (that the inform	Di Conservatio	_	OIL CON	SERV	ATION D	IVISIO	N	
C 20 102 (4 10)	Bowledge in	i bellef.	1	Date Approve	d	JAN 0	5 1990		
Signature				By		I SIGNED	SY JERRY	SEXTON	
C. L. Morrill Printed Name	NM Area Prod. Supt.			DISTRICT I SUPERVISOR					
12-12-89 Date	(5	05) 393-4		Title					

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

2) All sections of this form must be filled out for allowable on new and recompleted wells.

5) Pill 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.