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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator	Well API No.
Chevron U.S.A., Inc.	**30 - 025-06903**
Address: **P. O. Box 1150, Midland, TX 79702**	

Reason (s) for Filling *(check proper box)*

- New Well [ ]
- Recompletion [ ]
- Change in Operator [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ]; Casinghead Gas [ ] Condensate [ ]
- Other *(Please explain)* [ ]

If chance of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Central Drinkard Unit	**120**	**Drinkard**		

Location

Unit Letter **P** : **0990** Feet From The **South** Line and **330** Feet From The **East** Line

Section **30** Township **21S** Range **37E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
[X] **EOTT Oil Pipeline Co.**	**P.O. Box 4666, Houston, TX 77210-4666, Suite 2604**
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					Yes	**Unknown**

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P. B. T. D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Peforations			Depth Casing

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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/MMCF	Gravity of Condensate
Testing Method *(pilot, back press.)*	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

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.

J. K. Ripley
Signature
J. K. Ripley **T.A.**
Printed Name Title
1/27/94 **(915)687-7148**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 04 1994

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

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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