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

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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>I.</u>											
Operator Chauron II S.A.									Well API No.		
Chevron U.S.A., Inc. Address									30 - 025-06905		
P.O. Box 1150, M		702									
Reason (s) for Filling (check proper box	r)					Oth	nei (Please e.	xplain)			
New Well	С	hange in Tr	ansporter (	of:		ليبيط	,				
Recompletion	Oil	•		Dry Ga	s 🔲	EFI	FECTIVE 8/	1/92			
Change in Operator	Casinghead	l Gas		Conden	ısate 🔲			•			
If chance of operator give name										<del></del>	
and address of previous operator					·	·					
II. DESCRIPTION OF WELI	L AND LEA	SE									
Lease Name		Well	No. Pool l	Name, I	Including Fo	ormation			Kind of Lease	Lease No.	
II TO BE A (NICOTO D)						^			State, Federal or Fed		
H. T. Mattern (NCT-B)  Location		11	Penros	se Skell	y ~ G	<u>B</u>			Fee	<u> </u>	
Location											
Unit Letter N	:	0660	Feet Fr	rom The	e South	• Line	e and	1980	Seet From Th	****4 * * *	
· · · · · · · · · · · · · · · · · · ·							— —	1700	Feet From Th	e West Line	
Section 30 Townshi	p 21S		Range		37E	, NN	мРМ,		Lea	County	
III. DESIGNATION OF TRAI	NSPORTEF	R OF OI	L AND I	NATU	JRAL GA	AS				- · · · · · · · · · · · · · · · · · · ·	
Name of Authorized Transporter of Oil		or Cond			Addı		re address to	which at	proved copy of this	form is to he sant)	
ntin n o						,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	proved copy of ma	jorm is to be sent)	
Pride Pipeline Co. Name of Authorized Transporter of Casin	L. 10.	<del></del>				P. O	). Box 2436,	Abilene,	TX 79604		
Warren 1 et .	ghead Gas	ه لکا	or Dry Ga	_	_ Addr	ress (Giv	e address to	which ap	pproved copy of this	form is to be sent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Te ane						
give location of tanks.	5	500.	1 WP.	L'Sc.	In Ran	actually conn	nected 7	When?	?		
			_ ]		}	Yes			Unknown		
If this production is commingled with that	from any other	lease or po	ol, give co	mming	ling order n	umber:	<del></del>	<u> </u>	UNKNOWI		
IV. COMPLETION DATA	•	-									
		Oil We	ell Gas V	Well	New Well	Workover	Deepen	Plugbac	k Same Res'v	Inima .	
Designate Type of Completion	n - (X)					, , oi ao , c.	Decpen	Linknar	sk joame kes v	Diff Res'v	
Date Spudded	Date Compl.	Ready to P	rod.		Total Dept	h h	ــــــــــــــــــــــــــــــــــــــ	P. B. T.	<u> </u>	<u> </u>	
Claustians (DC DVD DT CD atc)	- L. CD		<del></del>						Д.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing				Depth		
Peforations					<u> </u>			<u> </u>			
								Depth C	Casing Shoe		
	,	TUBING, C	CASING A	ND CI	EMENTING	G RECORD		L			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		T	SACKS CEMENT		
								<del>                                     </del>			
										<del> </del>	
	+		· · · · · · · · · · · · · · · · · · ·						_		
V. TEST DATA AND REQUES	T EOD AL	TOWAR	T 13								
OIL WELL (Test must be after t	21 FUR AL.	LUWAD	LE								
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	volume oj i	load ou and	d must	be equal to	or exceed top	allowable f	or this de	pth or be for full 24 i	hours)	
	Date Of 105t			- 1	Producing N	Method	(Flow, pump	o, gas lift,	etc.)		
ength of Test	Tubing Pressure				Casing Pressure				•_		
					Casing	Suic		Choke Si	ize		
ctual Prod. During Test	Oil - Bbls.				Water - Bbls	s.		Gas - MCF			
AC WITH T	<u> </u>										
SAS WELL	<del></del>										
ctual Prod. Test - MCF/D	Length of Test	Į.		I	Bbls. Conde	nsate/MMCF		Gravity o	f Condensate		
esting Method (pilot, back press.)	Tuking Progra	Tuking Program (St. 1)									
the state (paos, ouch press.)	lubing Pressui	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in) Ch			ze		
I. OPERATOR CERTIFICAT	E OF COM	PI IANO	יור	-+	<del></del>						
I hereby certify that the rules and regulati				- 1		<b>-</b>					
Division have been complied with and the	ions of the Oil C	Conservation	1			OIL	CONS	ERVA	TION DIVIS	ION	
Division have been complied with and the is true and complete to the best of my known	at the information	on given ab	ove	l	<b>-</b>						
~ // // //	owledge and bei	ief.			Date #	Approved	l	ΑU	G 0 4 '92		
a.K. Kinlin					Rν						
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
J. K. Ripley	Tech	nical Assist	ant		Title	D	istrict i	SUPERY	VISOR		
Printed Name	Title	11000	4111		11116-						
7/29/92		687-7149		- 1							

- 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.

Telephone No.

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.