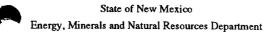
Submit 5 Copies

App: priate District Office

DISTRICT I P. O. Box 1980, Hobbs, NM 88240

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

DISTRICT III



Form C-104

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

TO TRANSPORT OIL AND NATURAL GAS														
I. Operator	·						-			Wel	l API No.			
Chevron U.S.A., Inc.										30	- 025-06928			
P. O. Box 1150, Midland, TX 7														
Reason (s) for Filling (check proper box) New Well Change in Transporter of: Other (Please explain)														
Recompletion	Oil		X	Dry G										
Change in Operator	Casinghead	Gas	<u> </u>	Conde	ensate	<u>Ц</u>			,					
If chance of operator give name and address of previous operator														
II. DESCRIPTION OF WELL	AND LEA													
Lease Name	Well No. Pool Name					Including Formation					of Lease Federal or Fee	Lease N	o.	
Central Drinkard Unit		138		Drin	kard	<u> </u>		·					·	
"		4000	_				*							
Unit Lette: F	:	1880	Fee	t From T	he	North Line and			2080	<u> </u>	Feet From The	West Lir	1e	
Section 32 Township	· ·		Ran		37			МРМ,		Lea	·	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	OF OL	LANI	DNAT	URA			in a addman	da subiah					
<u>-</u>	EOIT E	nergy Pi	pelin		1	Addre					ved copy of this fo			
EOTT Oil Pipeline Co. Name of Authorized Transporter of Casin	ghead Gas	01176 4-	1-94 r D y G:	as [\neg	Addre	P.	O. Box 46	to which	ston,	TX 77210-460 ved copy of this for	66, Suite 2604	1	
If well produces oil or liquids,	Unit		Twp										, 	
give location of tanks.	Omi	Sec.	o. R ₂	ţe.	Is gas actually connected?			When	When?					
If this was discussion in a second of the latest at a		<u> </u>	<u> </u>	Щ.		<u>. </u>	Yes				Unknown			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or pe	ool, give	e commu	ıglıng	order nu	mber:							
	(77)	Oil W	ell C	as Well	Net	w Well	Workove	T Deeper	Plugb	ack	Same Res'v	Diff Res'v		
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod					Tot	al Depth	71 <u>.</u>		P. B. 7	<u> </u>	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc													
	Name of Flor	ucing ron	mation		lop	Oil/Gas	Pay			Tubing Depth				
Peforations									Depth	Casin;	g			
HOLE SIZE	TUBING, CASING AND C				EME	EMENTING RECORD DEPTH SET					C. C			
TAGES GIVE	CASING & TUBING SIZE						EF I II SE I			SACKS CEMENT				
					工									
V. TEST DATA AND REQUES OIL WELL (Test must be after r				l and mu	h	aval ta a		11 1.1			1 6 6 11 6 4 1			
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	volume oj	waa oo	ини ти	Prod	ducing M	lethod	Flow, pu	e jor inis d imp, gas lij	tepin of ft, etc.	or be for full 24 h)	ours)		
ength of Test	Tubing Pressure				Casi	Casing Pressure C					Choke Size			
Actual Prod. During Test	Oil - Bhls.													
	Oil - Buis.				Wate	Water - Bbls.				Gas - MCF				
GAS WELL Actual Prod. Test - MCF/D	II - d - CT				(ru)									
	Length of Test				Bbls	Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casi	Casing Pressure (Shut - in)				Choke Size				
I hereby certify that the rules and regulat	ione of the Oil	Conserve	~~				<u> </u>	I CON	SEDV	AT1	ON DUMO	ON		
Division have been complied with and th							Oi	LCON	SERV	ΑH	ON DIVISI			
is true and complete to the best of my knowledge and belief.						Date Approved MAR 0 4 1994								
g.K. Kipley						By ODICINAL CIPAIED BY JERRY CENTAN								
Signature J. K. Ripley						Title ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
Printed Name	Title							 						
1/27/94 Date		5)687-714												
INSTRUCTIONS: This form is to be		elephone N		24						 			بيند	

- 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.