Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Operator		<del></del>							API No.		
Chevron U.S.A., Inc.								30 -	025-06949		
Address	702										
P. O. Box 1150, Midland, TX 79' Reason (s) for Filling (check proper box)	702				T	Other	Please expl	ain)			
New Well	Chan	ge in Tran	sporter of	:		_					
Recompletion	Oil			ry Gas	. 🔲						
Change in Operator	Casinghead Ga	as	<u> </u>	Condensa	tte 📙						
If chance of operator give name and address of previous operator											
•											
II. DESCRIPTION OF WELL A	cluding For	iding Formation Kind of Lease Lease No.									
Lease Name								State, Federal or Fee			
Central Drinkard Unit 134 Drinkard											
Location											
Unit Letter D	:	0660	_Feet Fr	om The	North	Line a	ınd	990	Feet From The	West Line	
	218		Range		37E	, NMI	PM	Lea		County	
Section 32 Township							141,				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Additionated Transported of St.										ì	
EOTT Oil Pipeline Co. P.O. Box 4666, Houston, TX 77210-4666, Suite 2604										6, Suite 2604	
Name of Authorized Transporter of Casing	head Gas	or	D y Gas	L.	Addre	ss (Give	adaress to v	чиск арргоч	ей сору ој тіз јо	rm is to be seta;	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas a	ctually conne	cted ?	When?			
give location of tanks.						Yes			Unknown		
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA	I rotti aliy otilei i	lease of po-	oi, give a	omming.	ing order no						
IV. COMILETION DATA		Oil We	ll Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)				m 15 1		<u></u>	P. B. T. D.	L		
Date Spudded Date Compl. Ready to Prod.						Fotal Depth P. B. T. D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ga	Top Oil/Gas Pay			Tubing Depth		
						ח			Depth Casin; g		
reiorations											
TUBING, CASING AND CEMENTING RECOI								Г.	SACKS CI	MENT	
HOLE SIZE	CASIN	CASING & TUBING SIZE				DEPTH SET			STORIO CEMENT		
	ļ	_			<del> </del>				<del>:</del>		
V. TEST DATA AND REQUE	ST FOR AL	LOWA	RLE		<u> </u>			<u> </u>	· · · · · ·		
OIL WELL (Test must be after	recovery of tota	il volume o	f load oil	and mus	st be equal to	or exceed to	p allowable	for this depth	or be for full 24	hours)	
Date First New Oil Run To Tank	Date of Test		<del></del> -		Producing	Method	(Flow, pum	ıp, gas lift, et	c.)		
Level of Total	Tuhing Press	Tubing Pressure				Casing Pressure			Choke Size		
Length of Test	Tubing Tiess										
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas - MCF		
GAS WELL										510.	
Actual Prod. Test - MCF/D	Length of Te	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
						G i P (Glastia)			Choke Size		
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pro	Casing Pressure (Shut - in)			Choke Size		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above						MAR <b>0</b> 4 1994					
is true and complete to the best of my knowledge and belief.						Approve	ea			<del>-</del>	
1 OK Riolar							OPIGIA	AL CICNE	D. D.V. Janes		
Signature						ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
J. K. Ripley T.A.					Title						
Printed Name	Tit		1 40				Marining Co. Sur	r distribusión de la setala.	(Ne 1558) (de 1904) ku <del>llindrinaan</del> de synd <del>diddi</del> dd y 2	الهووسيد درا ميا الماية	
1/27/94		15)687-7 Telephone		•							
Date		- orobitono									

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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