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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

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-08733
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<i>Adding</i>
Chance of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Arrowhead Grayburg Unit	Well No. 149	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter D : 0660 Feet From The North Line and 660 Feet From The West Line				
Section 01 Township 22S Range 36E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation of Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
OTT Oil Pipeline Co., Texas-New Mexico Pipeline	P.O. Box 4666, Houston, TX 77210-4666, Suite 2604		
Designation of Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Texas Exp. & Prod. Inc.			
Does well produce oil or liquids, or 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:

III. 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.			
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Measurements		Depth Casing						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

IV. 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)			
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.		OIL CONSERVATION DIVISION	
Signature J. K. Ripley		Date Approved FEB 17 1994	
Printed Name J. K. Ripley		By Paul Kautz	
Date 2/27/94		Title Geologist	
Telephone No. (915)687-7148			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C - 104 must be filed for each pool in multiply completed wells.