mit 5 Copies
Appropriate District Office
DIST/ICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico E y, Minerals and Natural Resources Departmer.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		10 IN	ANSI	ONI OII	L AND NA	I UNAL G		IWKI.			
Operator Chevron U.S.A., Inc	Chevron U.S.A., Inc.							PI No. 025-23178			
Address P.O. Box 1150 Midland, TX 79702											
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well Change in Transporter of:											
Recompletion	Oili	Calabago 12	Dry (
Change is Operator	Casinghe	4 Ger 🗀		ensate							
	Candidae	1 OB	COLIN	CUMBE							
If change 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 Lease Name Lease Name										esse No	
Bell Ramsay (NCT-C) Com 2 Eumont Que					•			State, Federal or Fee Federal		2667	
Location Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West Line											
94	24 000 . 275										
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form Sid Richardson Carbon & Gasoline 201 Main St., Suite 3000, Ft. Worth											
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected?							When ?				
give location of tanks.	1		1	1		Yes	1	•	known		
If this production is commingled with that	from any oth	er lease or	pool, g	ive comming	ling order numb	er.					
IV. COMPLETION DATA	•		• •	•	•						
	~ ``	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		pl. Ready to	o Prod.		Total Depth		<u></u>	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
					•						
Perforations								Depth Casing	g Shoe		
TUBING, CASING AND CEMENTING RECORD											
UOI E 917E	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
HOLE SIZE	NOLE GILE CHANGE TO BITCO GILE							GAGAG GEMENT			
	 				 			 			
								 			
			. 6		<u> </u>						
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re			of load	oil and must					or juli 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
Leagth of Test	This Program				Casing Pressure			Choke Size			
Long in the	of Test Tubing Pressure										
Actual Prod. During Test	Oil - Bbis.			Water - Bbia			Gae- MCF				
					<u> </u>						
GAS WELL								-			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Concensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-ia)			Choke Size			
VI OPERATOR CEPTIESC	ATE OF	COM	TA TA	NCE	lr	·····				J	
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION									N		
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.					JAN 23'92						
Date Approved											
a. K. Riplut											
Signature						By ORIGINAL SIGRED BY ALABY STATION					
J. K. Ripley Tech Assistant						DISTRICT (SUPERVISION					
Printed Name Title 1/21/92 (915)687-7148											
1/21/92	<u> </u>										
Date		1 cle	phone	NO.	<u> </u>						

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.