State of New Mexico

Submit 5 Copies Appropriate District Office DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

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

P. O. Drawer DD, Artesia, NM 88210

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1000 Rio Brazos Rd., Aztec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Chevron U.S.A., Inc. 30 - 025-24528 P. O. Box 1150, Midland, TX 79702 Reason (s) for Filling (check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If chance of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Arrowhead Grayburg Unit Arrowhead Grayburg Location Unit Letter 1980 Feet From The North Line and 660 Feet From The East Line Section 01 Township **22S** Range NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate (Give address to which approved copy of this form is to be sent) Address \Box EOTT Oil Pipeline Co., Texas-New Mexico Pipeline P.O. Box 4666, Houston, TX 77210-4666, Suite 2604 Name of Authorized Transporter of Casinghead Gas

| Research | Prod Iv
| If well produces oil or liquids, Unit or D y Gas Address (Give address to which approved copy of this form is to be sent) Twp. Rge. Is gas actually connected? 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 Oil Well Gas Well New Well Workover Plugback Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P. B. T. D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Peforations Depth Casin, g TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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)
Run To Tank

Date of Test

Producing Method

(Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tank 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 OIL CONSERVATION DIVISION 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. FEB 1 8 1994 Date Approved By

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.

Title

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

T.A.

Title

(915)687-7148

Telephone No.

- 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.

blank

Signature J. K. Ripley

1/27/94

Date

Printed Name