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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |  |                              |
|---|--|------------------------------|
| Operator<br>Chevron U.S.A. Inc.   |  | Well API No.<br>30-025-24528 |
| Address<br>P.O. Box 1150, Midland, Texas 79702  |  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Effective Date: 6-19-91<br>Change in Operator <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Old Well Name: Lockhart "B1" 8<br>Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Filed to show unitization and change of operator<br>Casinghead Gas <input type="checkbox"/> |  |                              |
| If change of operator give name and address of previous operator<br>Conoco Inc., P.O. Box 1959, Midland, Texas 79702  |  |                              |

II. DESCRIPTION OF WELL AND LEASE

|  |                 |  |  |           |
|--|-----------------|--|--|-----------|
| Lease Name<br>Arrowhead Grayburg Unit  | Well No.<br>161 | Pool Name, Including Formation<br>Arrowhead Grayburg | Kind of Lease<br>State, Federal <del>and</del> | Lease No. |
| Location<br>Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line<br>Section 1 Township 22S Range 36E , NMPM, Lea County |                 |  |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |  |
|---|--|--|
| Name of Authorized Transporter of Oil<br>Texas New Mexico Pipeline Co.                                  | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2528, Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of Casinghead Gas<br>Texaco Producing Inc. EXPL & Prod Inc               | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 3000, Tulsa, Oklahoma 74102   |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge.  | Is gas actually connected? When?   |
| If this production is commingled with that from any other lease or pool, give commingling order number: |  |  |

V. COMPLETION DATA

|                                     |                             |          |                 |          |                   |           |            |            |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X)  | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |

TEST DATA AND REQUEST FOR ALLOWABLE

|   |                 |   |            |
|---|-----------------|---|------------|
| L 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  |

AS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature D. M. Bohon  
D. M. Bohon Technical Assistant  
Printed Name  
6-29-91 (915) 687-7148  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

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 multi-pool operations.