State of New Mexico

Submit 5 Copies
Appropriate District Office
DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

<u>DISTRICT II</u>
P. O. Drawer DD, Artesia, NM 88210

Energy, Minerals and Natural Resources Department

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

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 TO TRANSPORT OIL AND NATURAL GAS

1.													
Operator Chevron U.S.A., Inc.									Well API No. 30 - 025-25695				
Address	-												
P. O. Box 1150, Midland, TX 79 Reason (s) for Filling (check proper box)	702						Oth	/D1	1				
New Well		Other (Please explain)											
Recompletion	Chan Oil												
Change in Operator	Oil X Dry Gas Casinghead Gas Condens												
If chance of operator give name and address of previous operator	- 11 li						•		 				
• • •	ANDARAGE		 .						· · · · · · · · · · · · · · · · · · ·				
II. DESCRIPTION OF WELL	AND LEASE	Well No	I Pool	Nama I	oludina Eo	matian			V:	-61	1		
Lease Ivanie		ncluding Formation				Kind of Lease No. State, Federal or Fee							
Central Drinkard Unit	421 Drinka				ard								
Location	A 11 1	274	*					1.	2.5./				
Unit Letter A	W/ W = /	1465	Feet Fr	om The	Nortl		Line :		1056	Feet From The	Post Lie		
		1100		om me	1401 61	· · · · · · · · · · · · · · · · · · ·	Line		1050	reet Floin The	<u>East</u> Line		
Section 32 Township	21S		Range		37E		, NMI	PM,	Lea		County		
III. DESIGNATION OF TRAN					RAL GA								
Name of Authorized Transporter of Oil		nefgyd			Addr	ess	(Give	address to	which approv	ed copy of this fo	orm is to be sent)		
EOTT Oil Pipeline Co.	F# Eff	ective 4	1-1-94				P.O.	Rox 4666	Houston	TX 77210-46	66, Suite 2604		
Name of Authorized Transporter of Casingl	head Gas	ог І) y Gas		Addr	ess	(Give	address to	which approv	ed copy of this fo	orm is to be sent)		
To all a language	T 77 '. T	<u>. </u>	T.						Tren a				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas	actually	conne	cted?	When?				
give recurrent of market.	1 1				İ	Yes				Unknown			
If this production is commingled with that f	from any other le	ase or poo	l, give α	mming	ling order n	ımber:			<u>, </u>				
IV. COMPLETION DATA				_	_			•					
D :	(7.5)	Oil Wel	l Gas	Well	New Well	Work	over	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		do 4 - D-			T-4-1 D-4	<u></u>			DDTD	L	<u> </u>		
-	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				
Peforations					· · · · · · · · · · · · · · · · · · ·	·		_	Depth Casin	i g			
	EMENTING RECORD												
HOLE SIZE					DEPTH SET				SACKS CEMENT				
	<u> </u>												
	 					······································							
V. TEST DATA AND REQUES	T FOR ALL	OWAB	LE										
OIL WELL (Test must be after re		volume of	load oil d	ind musi							hours)		
Date First New Oil Run To Tank	Date of Test	Producing	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
/ tual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas - MCF				
7. tuat Flou. During Test	Oli - Bols.				water - Bu	18.			Gas - MICF				
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				
Testing Medice (price), edoup, edoup,	Y ADVIE T LOSSEL (Dilet - III)				(0.00)								
							~	00110	_D\/.	1011 DN//6			
I hereby certify that the rules and regulat							OIL	. CONS	EHVAI	ION DIVIS	SION		
Division have been complied with and that the information given above						Date Approved MAR 0 4 1994							
is true and complete to the best of my kn	owledge and beli	iet.			Date	Appr	ove	u					
O.K. Ripler						Ву							
Signature						ORIGINAL SIGNED BY JERRY SEYTON							
J. K. Ripley	K. Ripley T.A.						Title DISTRICT I SUPERVISOR						
Printed Name	Title												
1/27/04	/U15	1687-714	x							the state of the s			

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.

Telephone No.

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

Date