Submit 5 Copies
Appropriate District Office **DISTRICT I**

P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II P. O. Drawer DD, Artesia, NM 88210 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

I.												
Operator Chevron U.S.A., Inc								I API No. • 025-26053				
Address P.O. Box 1150, Mid	dland, TX 79702	2						*****				
Reason (s) for Filling (check proper box)						Othe	eı (Please exp	plain)				
New Well	Char	nge in Tr	ransporter o	of:	-							
Recompletion	Oil		_	Dry Gas)	EFF	ECTIVE 8/1	i /92				
Change in Operator	Casinghead Ca	as		Condens	ate							
If chance of operator give name and address of previous operator												
	ANDIEACI											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, 1					Including Formation				of Lease	Lease	No.	
						******			State, Federal or Fee			
Mark Owen Location		8	Wantz	z Granite	e Wash			Fee				
Unit Letter P	:	0900	Feet F	rom The	South	Line	and	660	Feet From The	East	Line	
Section 34 Township	218		Range	:	37E	, NM	лРМ,		Lea	Coun	ty	
III. DESIGNATION OF TRAN	SPORTER (OF OI	L AND	NATU	RAL GA	.s						
Name of Authorized Transporter of Oil		or Con	ndensate		Addre	ess (Giv	e address to	which approv	ved copy of this fo	rm is to be se	ent)	
Pride Pipeline Co.						PΛ	D-= 2436	· Ltions TV	=0<04			
Name of Authorized Transporter of Casing	head Gas	Z	or Dry Ga		Addre			Abilene, TX which approv	79604 ved copy of this fo	rm is to be se	ont)	
Warren Fet				,								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	. Is gas actually connected?		ected?	When?	_			
give location of tanks.		1				Yes			Unknown			
If this production is commingled with that f	from any other 1:	ase or po	ool, give c	ommingl	ing order nu				Cindio		<u></u>	
IV. COMPLETION DATA	•	-								 -		
		Oil W	ell Gas	s Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion		<u></u>				<u> </u>	<u> </u>	<u> </u>				
Date Spudded Date Compl. Ready to Prod.								P. B. T. D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Prod 1cing Formation					Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Peforations						 .		Depth Casin	g Shoe			
TUBING, CASING AND C												
HOLE SIZE	CASING & TUBING SIZE				ДЕРТН SET				SACKS CE	MENT		
							-					
								<u> </u>				
	<u> </u>											
V. TEST DATA AND REQUES												
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	olume oj	f load oil a		be equal to Producing 1			for this depth p, gas lift, etc.		iours)	·······	
Length of Test	Tubing Pressure				Casing Pres	ssure	-	Choke Size		·		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF	Gas - MCF			
GAS WELL	<u> </u>				l			<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	ensate/MMCI	F	Gravity of Co	ondensate		 -	
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFICAT	TE OF COMI	DY YAN	TOP									
				1		OII	CONC	·				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my kno			above		Date	Approve	A		0.110	ο ο <i>Α</i> τοι	,	
$\sim \nu \rho \cdot l$	Jwicuge and our	č1.			Date	Ahhio 4e	a		AUI	G 0 4 '92		
Git. Kipley					Ву	ORIGIN/	AL SIGNE	D BY JERR	Y SEXTON			
Signature /					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERMISOR							
J. K. Ripley	Techn	nical Assi	istant		Title_							
Printed Name 7/29/92	Title			1								
Date		687-7148		ı								

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.