Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

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

State of New Mexico gy, Minerals and Natural Resources Departme

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 Well API No. 2605-3 30-025-26052 Operator Chevron U.S.A., Inc. Address P.O. Box 1150 Midland, TX 79702 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: N Dry Gas Recompletion Oil Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Fee Lease No. Well No. Pool Name, Including Formation Lease Name Mark Owen 8 Wantz Granite Wash Location .900 Feet From The South Line and 660 Feet From The East Unit Letter P Range 37E 34 215 Lea , NMPM, County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X Navajo Refining Co. P. O. Box 159, Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas
Warren Pet Co Address (Give address to which approved copy of this form is to be sent) or Dry Gas × If well produces oil or liquids, give location of tanks. When? Unit Twp. Rge. is gas actually connected? Sec. Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) Total Depth Date Spudded P.B.T.D. Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbis. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size **VI. OPERATOR CERTIFICATE OF COMPLIANCE** 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. Date Approved _____ J. K. Ripley **Tech Assistant**

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_

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

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.

Printed Name

Date

4/9/92