State of New Mexico Energy, Minerals and Natural Resources Department

Submit 5 Copies Appropriate District Office

DISTRICT III

DISTRICT I P. O. Box 1980, Hobbs, NM 88240

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

1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator				-				Well .	API No.	·	
Chevron U.S.A., Inc.									30 - 025-26445		
Address P. O. Box 1150, Midland, TX 79	702										
Reason (s) for Filling (check proper box)	, 32					Oth	eı (Please exp	lain)			
New Well Change in Transporter of:											
Recompletion Change in Operator											
If chance of operator give name			<u> </u>								
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEASE	E									
Lease Name Well No. Pool Name, Including Formation									of Lease	Lease No.	
Central Drinkard Unit)rinka	rd			State,	Federal or Fee				
Location											
Unit Letter H	:	2530	Feet Fr	om The	North	Lin	e and	220	Feet From The	East Line	
Section 29 Township	218		Range		37E	, N	мРМ,	Lea		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
EOTT Oil Pipeline Co.									Houston, TX 77210-4666, Suite 2604 uich approved copy of this form is to be sent)		
Name of Authorized Transporter of Casing	head Gas	or L	y Gas	<u></u>	Addre	ss (Gr	ve address to	which approve	ed copy of this fo	orm is to be sent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas a	ctually con	nected?	When ?			
give location of tanks.						Yes			Unknown		
If this production is commingled with that f	from any other le	ase or poo	l, give co	mmingli				· <u> </u>			
IV. COMPLETION DATA		1 60 252 11	1 ~	337 St. 17	LT *** 1	***	I p	Int	C D '	In an	
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workove	Deepen	Plugback	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 To			Tubing Dept	Subing Depth		
Peforations .					Dep			Depth Casin	pth Casin; g		
				AND CE	MENTING	RECOR	D	1			
HOLE SIZE	CASING	CASING & TUBING SIZE				DEPTH SE	Γ		SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR ALI	LOWAB	LE								
OIL WELL (Test must be after t	recovery of total									hours)	
Oate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressur	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During T st	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			
								·			
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 knowledge and belief.					Date Approved				MAR 04 1994		
J.K. Kipley					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature J. K. Ripley T.A.									I SUPERVIS		
Printed Name	Title						Manus and	especificanes essentials	to a second of the control of the co	المهولين المستديد	
1/27/94 (915)687-7148 Pote Telephone No.											

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