State of New Mexico

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

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

| Chevron U.S.A., Inc. Charge in Transporter of Change in Transporter of Condensate Condensat | I. Operator | | | | | | | | | | | | |
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| Carego Departor Cavinghead (isa Condensate Condensa | | Chan | ge in Trans | sporter of: | | | | Oute | i (1 tease ex | ipiain) | | | |
| Habates of speeches given among and address of speeches operation III. DESCRIPTION OF WELL AND LEASE Lease Name Vest No. Pool Name, Including Formation State, Federal or Fee Lease No. | I Diy Gas X | | | | | | | | | | | | |
| III. DESIGNATION OF WELL AND LEASE Well No. Pool Name, Including Formation State, Federal or Fee Lease No. | If chance of operator give name | Cusing ilead Ga | | Con | densate | <u>Ц</u> | | | | | | | |
| Leate No. State | and address of previous operator | | | | | | | | | | | | |
| Graham Orcutt Gas Com | II. DESCRIPTION OF WELL | AND LEASE | C | | | | | | | | | | |
| Unit letter N : 4600 Feet From The North Line and 1983 Feet From The West Line Section 05 Township 21S Rang 36E NORM. Lea County HILDESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Warren Petroleun Co. Name of Authorized Transporter of Oil Or Dy Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Or Dy Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Or Dy Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Or Dy Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Or Dy Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Variety of the production of the Casinghead Gas Or Dy Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Or Dy Gas X X Address (Give address to which approved copy of this form is to be sent) Name of Producing Form is to be sent) P. D. O. Box 1589, Tulina, DK 74102 P. D. O. Box 1589, Tulina, DK 74102 Warren Peroleum Co. P. O. Box 1589, Tulina, DK 74102 Warren Peroleum Co. P. O. Box 1589, Tulina, DK 74102 Warren Peroleum Co. P. O. Box 1589, Tulina, DK 74102 Warren Peroleum Co. P. O. O. Despita Casing Peroleum Co. V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL Casing Marked Despita Casing Peroleum Despita | Lease Name | Well No. Pool Name, | | | | Including Formation | | | | | | Lease No. | |
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| Second County Second Construction Seco | Section 05 Township | 21 S | | Rangi | | 36F | | - NIM | - | | | Eine | |
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| Name of Authorized Transporter of Casinghead Gas | IName of Authorized Transmostar of O'l | | | | | | | | | | | | |
| Warren Petroleum Co. Wall Sec. Twp. Rge. Is gas actually connected? When? Yes O3/01/94 | | | | |] | | | | | | noved copy of unity | orm is to be sent) | |
| If well produces oil or Inquids, give location of tanks, Unit Sec. Twp. Rge. Is gas actually connected? When? | Name of Authorized Transporter of Casing | head Gas | or D | y Gas | X | | | (Give | address to | which app | proved copy of this f | orm is to be sent) | |
| If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designated Type of Completion - (X) Date Spadded Date Compl. Ready to Prod. Total Depth P. B. T. D. Tubing Depth Peterations Tubing, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE CASING & TUBING SIZE TUBING CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Choko Size Choko Size Oil - Bbis. GAS WELL Attual Prod. Test - MCE/D Length of Test Length of Test Date Off test Dil CONSERVATION DIVISION Date Approved MAR 0 9 1994 By Title ORIGINAL SIGNED BY JERRY SEXTON Title Signature Title ORIGINAL SIGNED BY JERRY SEXTON | If well produces oil or liquids, | Unit | Sec. | Twp. | Rge. | Is pas a | P. O. | Box | 1589, Tu | lsa, OK | 74102 | | |
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| Signature J. K. Ripley T.A. Printed Name 3/3/94 (915)687-7148 By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT LISTERVISOR | is true and complete to the best of my kno | owledge and belie | ef. | ,,, | | Date Approved MAR 0 9 1994 | | | | | | | |
| J. K. Ripley T.A. Printed Name 3/3/94 (915)687-7148 Title ORIGINAL SIGNED BY JERRY SEXTON DISTRICT LISTERVISOR | O.K. Riolly | | | | | | • • | | | | | | |
| Printed Name Title 5/3/3/94 (915)687-7148 | · ', | | | | | CONTRAL CICALED BY JEDRY SEXTON | | | | | | | |
| 3/3/94 (915)687-7148 | | | | | 1 | Title ORIGINAL SIGNED BY JERRY SEATON | | | | | | | |
| | 3/3/94 | | 587-7148 | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| INSTRUCTIONS: This form by A. C. | | | | | | | | | | | | ! | |

- TIONS: 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
- 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.