STATE OF NEW MEXICO			-		
ENERGY AND MINERALS DEPART	MENT				
					Form C-104
					Revised 10-01-78 Format 06-01-83
SANTA FE	OIL	_ CONSERV.	ATION DIVISION		Page 1
Pile -		P. O. BC	DX 2088		
U.8.G.A.	s	ANTA FE NE	W MEXICO 87501		
LAND OFFICE	•				
TRANSPORTER GAS		REQUEST FO	RALLOWABLE	,	
OPERATOR					
PROBATION OFFICE	ALITUODIT		·····		
· · · · · · · · · · · · · · · · · · ·	AUTHORIZA	ATION TO TRANS	PORT OIL AND NATURAL	GAS	
Operator			· · · · · · · · · · · · · · · · · · ·		
· ·	<b>_</b> ·				
Chevron U. S. A.	Inc.		·		
Address					······································
P. O. 670, Hobbs,	New Mexico	88 <b>2</b> 40			
Reason(s) for filing (Check proper			Other (Please exp	laint	;
New Well	Change in Tr	an an an an al a	Change	(	and Mayers
	Counde to th	CONSPORTATION:			
		· · ·	Change o	fname fr	one riegero
Recompletion	ou		ry Gan B 18 #1	to EMS	om Meyers U 374
Change in Ownership	Casingh	ead Gas C	ondensate		U 374
Change in Ownership I change of ownership give nam and address of previous owner_	Casinghi ConocoInc AND LEASE	•od Gas <u>c</u> C., BOX 46	10, Hobbs, NM	88140	u 374
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NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature) Ε rorat e (Tule)

2/11/86

(Date)

Oli	L CONSERVATION DIVISION	
APPROVED	FEB 1 3 1986	
	CONGINAL ENGINED BY JERRY SEXTON	
- · · · · · · · · · · · · · · · · · · ·	DISTRICT   SUPERVISOR	

TITLE \_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

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

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

## IV. COMPLETION DATA

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Designate Type of Completion	on - (	X)	Oil Well	Gas Well	New Well	Workover t	i Deepen i	Plug Back	Same Restv.	Dill. Res'
Date Spudded	Date	Compl.	. Ready to P	Prod.	Total Depth	<u></u>	_A	P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.,	Name	me of Producing Formation			Top Oll/Gas Pay		Tuhing Depth			
Perforations				D						
			TUBING,	CASING, ANI	CEMENTIN	IG RECOR	>		<u> </u>	
HOLE SIZE	ļ	CASIN	G & TUBI		1	DEPTH SE		S.	CKS CEMEN	т
·						•	<u></u>			
		•				<u>.</u>				
					+			-+		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanks	Date (	1 Teau	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubin	Procesure .	Casing Pressure	Choke Size	
Actual Prod. During Test	O11 - B	pis.	Waier - Bbls.	Gae - MCF	

## GAS WELL

Actual Prod. Test-MCF/D	Length	of Test	Bbis. Condensate/MMCF	Gravity of Condensate
				;
Teeling Method (pilol, back pr.)	Tubing	Pressure (Shut-in)	Casing Pressure (Sbut-18)	Choke Size
		· ·	\$	

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