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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Chevron U.S.A. Inc.
 Address
P. O. Box 1660, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Meredith Com.	Well No. 2	Pool Name, including Formation Eumont (Yates-7 Rivers-Queen)	Kind of Lease State, Federal or Fee State	Lease No. B-2276-1
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 19 Township 21-S Range 36-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79948
If well produces oil or liquids, give location of tanks.	Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X		X
Date Spudded 12-26-78	Date Compl. Ready to Prod. 1-5-79	Total Depth 3970	P.B.T.D. 3770					
Elevations (DF, RKB, RT, GR, etc.) DF 3666	Name of Producing Formation Yates-7 Rivers-Queen	Top Oil/Gas Pay 3129'	Tubing Depth 3151					
Perforations 3254-3722 (selectively)			Depth Casing Shoe 3877'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8"	74	55
12"	8 5/8"	1487	700
7 3/4"	5 3/4"	3877	300
	2 3/8" tbg.	3151	--

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)

Date First New Oil Run To Tanks	Date of Test 1-12-79	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D CAOF 832	Length of Test 4 hours	Bbls. Condensate/MMCF None	Gravity of Condensate --
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 460 psig	Casing Pressure (shut-in) --	Choke Size 1"

VI. CERTIFICATE OF COMPLIANCE

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

D.D. Longhorn
D.D. Longhorn
 (Signature)
Petroleum Engineer
 (Title)
1-22-79
 (Date)

OIL CONSERVATION COMMISSION
MAY 7 1979
 APPROVED _____, 19____
 BY *John W. Runyan*
 Geologist
 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 RULE 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.