1								-			•		
Submit 5 Copies Appropriate District Office District 1	State of New Mexico Energy, Minerals and Natural Resources Department							Form C-104 Revised 1-1-89 See Instructions					
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Astesia, NM 88210	L CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088							at Bottom of Page					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				•									
	• • • •		• •			BLE AND / AND NAT			ION				
Operator		10 111							Well A	PI No.			
Chevron U.S.A. Inc.						<u> </u>			3(0-025-23	949		
P:O. Box 1150, Midlan	d, Texa	as 79	702								<u>.</u>	<u></u>	
Resson(s) for Filing (Check proper box) New Well		Change i	e Trae	mont	et of:	X Oth Effectiv	r (Please expl	lain)	///	7/			
Recompletion	OB	<u>ן</u>	Dry	Gas		011 11-11	Manage	~	• // •			well	
Change in Operator 🔀	Cadeghe	d Gas		lens	<u>• []</u>	Filed to	show un		zatio	n and c	hange in	n name. nroseSkel	
ad address of previous operator							a			<u>, je poor</u>			
IL DESCRIPTION OF WELL	AND LE	ASE Well No.	Beat	Mag	n lashul	ng Formation			Kinde	(Lesse		Lease No.	
Arrowhead Grayburg Uni	t	108				l Graybur	g			Fe			
Location	22	10		_	C	outh .	80	∩•	_	t From The .	Fast		
Uek Letter <u>1</u>	• • <u>23</u>	10	_ Feel	Proc	• The	outh Line		0		t From The .	Last	Line	
Section 25 Townshi	<u>21–S</u>		Rim	3	6-Е		IPM. L	ea		<u>.</u>		County	
III. DESIGNATION OF TRAN	<u>SPORTE</u>	R OF C	<u>) IL A</u>	ND	NATU	RAL GAS			<u> </u>				
Name of Authorized Transporter of Oil		or Condensate				Address (Give address to which approved a P.O. Box 2528, Hobbs,							
<u>Texas New Mexico Pipe</u> Name of Authorized Transporter of Casing		<u>, cz</u>	or D	ry G		Address (Gin	address to w	hich a	pproved	copy of this f	orm is to be s	ent)	
Warren Petroleum Co.							ox 1589	, Tu	1sa,		a 7410	2	
If well produces oil or liquids, rive location of tanks.	Ueit	Sec. 25	T up 2	1S	36E	le gas actually Yes	COBRCEOT			Unk.			
if this production is commingled with that	from any ot		r pool,	give	comming	ling order numb	xef:						
IV. COMPLETION DATA		lou We		G	s Well	New Well	Workover		eepet	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			-			Total Depth		<u> </u>		P.B.T.D.	I		
Date Spudded	Date Com	pl. Ready	y to Prod.			torit rebui				F.D. I.W.			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	iame of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									<u> </u>	Depth Casi	eg Shoe		
							10 55001						
		TUBINO				CEMENTI	DEPTH SE				SACKS CE	AENT	
HOLE SIZE	<u>_</u>												
				_									
V. TEST DATA AND REQUE	ST FOR	ALLOW	VABL	E		e ha anual ta ar	exceed top al	Lough	le for thi	r denth or be	for full 24 ha	NFS.}	
OIL WELL (Test must be after 1 Date First New Oil Run To Tank	Date of T					Producing M	ethod (Flow, p	pump,	gas lift, o	tic.)			
						Casing Press	178			Choke Size	,		
Length of Test	Tubing Pressure					_				Gm- MCP			
Actual Frod. During Test	Oli - Bbis.					Water - Bbls.	Water - Bbiz.						
						<u> </u>				.!	•		
GAS WELL	Leagth of Test					Bbis. Condensate/MMCP				Gravity of Condentate			
	Tubing Presses (Shut-in)					Cating Pressure (Shut-In)				Choke Size	Choks Size		
Testing Method (pitet, back pr.)	TADOR 5.	lacunta (20	-			Casing From							
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complete with and is true and complete to the best of sny D.M. Bohen	istices of the that the lafe	e Oli Cons providen g	ervatio jvoa ab	1	CE		DIL CO	ed.	ed Dy	ATION MAY 3		ON	
Signature						By_	Pau	l Ka ologi	utz				
D. M. Bohon T Pristed Name	echnice (915)	687-71	Thi 48	•		Title	•	0'	· ·	·			
Date		Ti	elephoe	e No	1.	11							

Keylest for anowable for newly diffed of deepends wen must be accompleted of another of events of with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or must be transfer to the section.

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