Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Largy, 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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chevron U.S.A., Inc. Address P.O. Box 1150 Midland, TX 79702 Reason() for Filing (Check proper box) New Well Recomplicition Colarge in Operator Condensite Condensi	I.	1	OTRA	ANSI	PORT OI	<u>L AND NA</u>	TURAL G						
Reaction for Filing (Check proper feet) New Wall Standard for Filing (Check proper feet) New Wall Standard for Filing (Check proper feet) New Wall Standard for Standard	Operator Chevron U.S.A., Inc												
Now Will Case Departor Depart	Address P.O. Box 1150 Mic	dland, TX	79702	2									
Now Will Case Departor Depart	Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ain)					
Caugh Dyenuer	1 100		Change in	Trans	porter of:		•	•					
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Lake Nace Lake Nace Variable Variable	Change in Operator	Casinghead	Gas 🔲	Cond	lensate 🔲								
DESCRIPTION OF WELL AND LEASE Lease Name	If change of operator give name and address of previous operator												
Lease Name		AND LEA	SE								,		
Location				Pool	Name, Includ								
Location Line Lin	Arrowhead Grayburg Unit	·											
Unit Letter J 1880 Feet From The East Line South Line and 2080 Feet From The East Line Section 36 Township 21S Range 36E NMPM. Let a County		<u></u>					· · · · · · · · · · · · · · · · · · ·			 			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		: 1980		Feet	From The Sc	outh Lie	e and _2080	· Fe	et From The	East	Line		
Name of Authorized Transporter of Oil Pox 88 New Mexico Pipelin Red	Section 36 Townshi	_p 21	<u>s</u>	Rang	e 36E	, N	мрм,		Lea		County		
Name of Authorized Transporter of Oil Pox 88 New Mexico Pipelin Red	III DESIGNATION OF TRAN	SPARTER	OF O	TI. A)	ND NATII	RAL GAS							
P. O. Box 2528, Hobbs, NM 88240	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved come of this form is to be sent)												
TEXACO EXPLÉ & Prod Inc. Fexaco Explé & Prod Inc. I will produce at iter liquids, pive location of states. Unit Sec. Twp. Rgs. It gas actually connected? Yes When 7 Unknown If this production is commingled with that from any other lease or pool, give commingling order number: VY. COMPLETION DATA. Designate Type of Completion - (X) X X S S S S S S S S S S S S S S S S S	l = · · · · · · · · · IX l												
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Tech Assistant Title Tit	J.K. Kipley					By_							
4/16/92 (915)687-7148	J. K. Ripley		Tech		stant	'-		RISTS-37	SUPPRIVE	UK			
			(015)4		7149	Title							
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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.