Submit 5 Copies Appropriate District Office DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVIS.

P. O. Box 2088

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

Operator											
Chevron U.S.A., Inc.									Well API No. 30 - 025-32154		
Address P. O. Box 1150, Midland, TX	70702								100 020 02104	·	
Reason (s) for Filling (check proper bo	x)			·			the (Please	anniain)			
New Well	Ċ	hange in Ti	anspor	ter of:		Ц °	mei (1 iems	expiain)			
Recompletion	Oil Dry Gas										
Change in Operator	Casinghead	i Gas		Conde	nsate						
If chance of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	L AND LEA	SE									
Lease Name		Well 1	No. Po	ool Name,	Including	Formation			Kind of Lease	Lease No.	
TII LOYOTI II				imont C	QLCS SK Queen/Penrose-Gas				State, Federal or Fee		
Location				70	Zuccia	LIPOSO-G/AS	<u> </u>		Fee		
Unit Letter H	:	1760	Fee	t From Th	e No	eth T:		000			
Section 22 Townshi	ip 21S			•				990	Feet From The	East Line	
III DECICIA TION OF TO		OF OII		<u> </u>	36E		МРМ,		Lea	County	
Lyame of Audionzed Transporter of Oil	י דוופום/	/ HotiGeni	ioneste	LO			ina address e				
Name of Authorized Transporter of Oil AND NA EOTT Energy Corp. EITHER OF OIL AND NA EITHER OIL AND NA EITHER OF OIL AND NA EITHER O					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas					P.O. Box 4666, Hou				ton, TX 77210-46	66, Suite 2604	
Northern Natural Gas				P. O. Box 11			o which approved copy of this form is to be sent) 88, Houston, TX 77251-1188				
give location of tanks.	Unit	Unit Sec.		. Rge	ls g	s gas actually connected?			?	-	
If this man described in the second	لا			Yes			10/29/93				
If this production is commingled with that IV. COMPLETION DATA	i from any other	lease or po-	ol, give	comming	gling order	number:					
		Oil We	II G	as Well	New We	ll Workover	Deepen	Inc. i			
Designate Type of Completion Date Spudded				X	X		Deepen	Plugbac	ck Same Res'v	Diff Res'v	
08/30/93	Date Compl. Ready to Prod. 09/21/93 Name of Producing Formation				Total Depth 3800'			P. B. T.			
Elevations (DF, RKB, RT, GR, etc.) 3583' GR					T 01/0 5				3539' Tubing Depth		
Peforations	Qu	Queen/Penrose			3023'				3742'		
3023'-3678'					Depth Casing Shoe						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPOTE COM					
12-1/4"	8-5/8"				DEPTH SET 1500'				SACKS CEMENT 750		
7-7/8	7-7/8" 5-1/2"				3800'				600		
V. TEST DATA AND REQUES OIL WELL (Test must be after t	T FOR AL	LOWAB	LE					<u> </u>			
Date First New Oil Run To Tank	and must	nust be equal to or exceed top allowable for this depth or be for full 24 hours)									
Land ST.					Producing Method (Flow, pump, gas lift, etc.)						
	Tubing Pressure				Casing Pressure C				Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls. G				Gas - MCF		
GAS WELL	<u></u>							- MC	.1	_	
actual Prod. Test - MCF/D	Length of Test				Bhle Con	ensete AAMCI	,				
	624 24 hrs Method (pilot, back press.) Tuhing Pressure (Shut, in)				8				Gravity of Condensate 83.3		
Flowing (place, back press.)					Casing Pre	ssure (Shut - in	n)	Choke Size			
			·			0			1"		
I hereby certify that the rules and regulati	ons of the Oil C	onservation	ı			OIL	. CONS	FRVΔ	TION DIVISION	ON	
Division have been complied with and the	at the informatic	n given abo	ove	1				E VON	TION DIVISION 1993	ON	
is true and complete to the best of my knowledge and belief.					Date	Approved	d				
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
J. K. Ripley						DISTRICT I SUPERVISOR					
Printed Name	T.A.				Title						
11/11/93		687-7148									
Date INSTRUCTIONS TO LA	Tele	phone No.									
INSTRUCTIONS: This form is to be fi	led in complian	ce with Ru	e 1104								

- wable 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.

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