Submit 5 Copies Appropriate District Office		Bac	gy, Minera	State of Ne 1s and Natu	W Mexico nal Resources :	Denáriment			Form C-104
DISTRICT I						-			Revised 1-1-89 See Instructions
P. O. Box 1980, Hobhs, NM 88240	OIL CONSERVATION DIVISION P. O. Box 2088								at Bottom of Pa
DISTRICT II P. O. Drawer DD, Artesia, NM 88210			Santa Fe.		xico 87504	-7088			
DISTRICT III	REQ				LE AND A		ATION		
1000 Rio Brazos Rd., Azteo, NM 8741	0	TO TR	ANSPO	RT OIL	AND NAT	URAL GA	5		
J.	48 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
Operator Chevron U.S.A., Inc.						Well API No. 30 - 025-32161			
Address P. O. Box 1150, Midland, TX	70703							50 - 023-32101	
Reason (s) for l'illing (check proper be) (x)					Other (Plea	se explain)		
New Well X Recompletion	C Oil	hange in T					, ,		
Change in Operator	Casinghead	i Gas		Dry Gas Condensate	. -				
If chance of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·			······					
II. DESCRIPTION OF WEI			<u> </u>		• • • • • • • • • • • • • • • • • • • 				
Lease Name	L AND LAA	Well	No. Pool	Name, Inch	uding Formatic	a		Kind of Lease	Lease No.
Arnott-Ramsay (NCT-C)		16						State, Federal or Fe	
Location	······································			ont Tate	s 7R Queer			Fee	
Unit Letter H	t	1780	Feet P	oni The	North	Linc and	680	Eret Ere - m	* 2
Section 21 Townst	ip 215		_					Peet From Ti	e <u>East</u> Line
II. DESIGNATION OF TRA			Range	The second s		, NMI'M,		Lca	County
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OTT Energy Corp.	-ttective .	1-1-0/		X				ston, TX 77210	
Jame of Authorized Transporter of Cas Northern Natura Gas	inghead Clas		r D y Gas	X	Address	Give addre:	ss to which a	pproved copy of this	form is to be sent)
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Te out output	P. O. Box y connected 7	1188, Hous When	ston, TX 77251	1188
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give location of lanks.			· • • •	VŘć'		y connected 7	When		
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 Request for allowable for newly drilled or despend well must be accompanied by tabulation of deviation tests taken in an 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 number, transporter, or other such changes.
Separate Form C - 104 must be filed for each pool in multiply completed wells. for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

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