Submit 5 Capies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	State of New Mexico gy, Minerals and Natural Resources Departme.		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT # P.O. Drawer DD, Astesia, NM \$\$210	OIL CONSERVATION DIVISION P.O. Box 2088		
DISTRICT III Santa Fe, New Mexico 87504-2088			
1000 Rio Basice Rd., Aziec, NM \$7410 I. TO TRANSPORT OIL AND NATURAL GAS			
Operator			Well API No.
Chevron U.S.A., I	nc .	<u> </u>	30-025-10320
P. O. Box 670, Hobbs, New Mexico 88240 Resson(s) for Filing (Check proper box) Other (Please explain)			
New Well Change in Transporter of:			
Change in Operator	Custagheed Gas Condensate	EFFECTIVE DATE	E - 1-1-90
and address of previous operator			
IL DESCRIPTION OF WELL AND LEASE Lesse Name Well No. Pool Name, Including Pormation Kind of Lease Lesse No.			
R.E. Cole (NCT.)			Kind of Lease Lease No. Sure Pederal or Fee
Locations Unit Letter			
Sections /6 Township 225 Range 37E, NMPM, Lea County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil Concession Address (Give address to which approved copy of this form is to be sent) Pride Pipeline Company P. O. Box 2436, Abilene, Texas 79604			woved copy of this form is to be sent)
Name of Authorized Transporter of Casing	head Gas or Dry Gas		vowed copy of this form is to be sent)
Warren Pet	Unit, Sec. Twp. Rgs.		When ?
give location of tanks.	H16 22 37	Ves	
If this productice is commingled with that from any other lease or pool, give commingling order sumber. IV. COMPLETION DATA			
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Dee	pea Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of lotal volume of load oil and must be avail to an attack to all which as he for fill 24 hards)			
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bhis	Water - Bbis	Gar- MCF
GAS WELL Actual Prod. Test - MCF/D	Leagth of Test	Bbis. Condensate/MMCF	
Testing Method (pitot, back pr.)			Gravity of Condensate
I GELLEY MARINES (PROC. BOCK PT.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			
to true and complete to the best of my innowledge and bellef.		Date Approved JAN 0 8 1990	
Signature		Ву	Orig. Signed by
C. L. Morrill Printed Name	NM Area Prod. Supt.	Paul Kautz Geologist	
12-22.89 Date	(505) 393-4121 Telephone No.	Title	
		11	

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.
 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.

.

DEC 20 1989 OCD HOBBS OFFICE

RECEIVED

.

L