

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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|------------------------|-----|
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| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PRODUCTION OFFICE      |     |

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**CHEVRON U.S.A. INC.**

Address  
**P. O. Box 670, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

|                                                         |                                        |                              |
|---------------------------------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of:              | Other (Please explain)       |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Oil           | Name Change Effective 7-1-85 |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinhead Gas |                              |
|                                                         | <input type="checkbox"/> Dry Gas       |                              |
|                                                         | <input type="checkbox"/> Condensate    |                              |

If change of ownership give name and address of previous owner **Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE *So Brannon well also R-8593 2-1-88*

|                                         |                                                                                        |                                                   |                                                   |           |
|-----------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|-----------|
| Lease Name<br><b>Scarborough Estate</b> | Well No.<br><b>3</b>                                                                   | Pool Name, including Formation<br><b>Drinkard</b> | Kind of Lease<br>State, Federal or Fee <b>Fee</b> | Lease No. |
| Location                                |                                                                                        |                                                   |                                                   |           |
| Unit Letter <b>I</b>                    | : <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> |                                                   |                                                   |           |
| Line of Section <b>31</b>               | Township <b>22S</b>                                                                    | Range <b>38E</b>                                  | NMPM, <b>Sea</b>                                  | County    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                    |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Elas New Mexico Pipeline</b>           | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 2528 Hobbs, NM 88240</b> |
| Name of Authorized Transporter of Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Warren Petroleum</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 1589 Tulsa OK 74108</b>  |
| If well produces oil or liquids, give location of tanks.                                                                                           | Unit Sec. Twp. Rge. Is gas actually connected? When                                                         |
|                                                                                                                                                    | <b>G 31 22S 38E Ups</b>                                                                                     |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

**R.D. Pite**  
(Signature)

Area Engineer  
(Title)

5-31-85  
(Date)

OIL CONSERVATION DIVISION  
**AUG 14 1985**

APPROVED

BY

TITLE

DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.