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

## State of New Mexico rgy, Minerals and Natural Resources Departn

Form C-104 Revised 1-1-89 See Instruction

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

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQ							AUTHORI		ION				
I. Operator	LAND	NA	TURAL G	AS	Wali	PI No.								
Chevron U.S.A., In	Chevron U.S.A., Inc.										025-108	17		
Address P.O. Box 1150 Mi	idland, T	X 7970	2											
Reason(s) for Filing (Check proper box)							Oth	es (Please expl	ain)					
New Well Change in Transporter of:														
Recompletion	Oil	197	Dry Ga											
Change in Operator	Casinghe	ad Gas X	Condet		<u> </u>						<u> </u>			
and address of previous operator												<del></del>	<del></del>	
II. DESCRIPTION OF WELL	AND LE	ASE Well No.	Pool N	ame I	cludi	ting Formation Kind					(Lease	1 1	ease No.	
W. H. Elson	W. H. Elson 1			jue B							Federal or Fe	•   -		
Location												·		
Unit Letter K: 1980 Feet From The						South Line and 1980 P					et From The West Line			
Section 21 Townsh	ip 2	238	Range	37E		··· # >>	, NA	мрм,		· · · · · · · · · · · · · · · · · · ·	Lea		County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)														
Name of Authorized Transporter of Oil or Condensate							(GIM	e address to wi	copy of thus f	orm is to be s	eni)			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline						Address (Give address to which appro					ned copy of this form is to be sent) 100, Ft. Worth, TX 76102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		Rge.		رناعيت	y connected? Yes		When	?	known		
If this production is commingled with that	from any ot	her lease or	pool, giv	e com	mingli	ing order i			J			KIIOWII		
IV. COMPLETION DATA						· · · · · · ·								
Designate Type of Completion	- (X)	Oil Well		Sas We	<b>.11</b>	New W	/ell	Workover	De 	epen	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			
	<u>-</u>	TIRING	CASIN	JG A	ND (	CEMEN	TTN	IC RECOR	<u> </u>					
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE						DEPTH SET					SACKS CEMENT		
	THOSE SIZE CASING & TOBING SIX					DEF THOE!				$\neg \neg$	ONONO OLIMENT			
	<u> </u>													
V. TEST DATA AND REQUES							<del></del>		· · · · · · · · ·	1				
OIL WELL (Test must be after r. Date First New Oil Run To Tank			of load o	il and i								or full 24 how	rs.)	
Date Fire New Oil Rule 10 1888	Date of Test					Producing Method (Flow, pump, gas lift, et					:.)			
Length of Test	Tubing Pressure					Casing Pressure					Choke Size			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.					Gas-MCF			
GAS WELL	L											·		
							Bbis. Condensate/MMCF					nder este		
	· · · · · · · · · · · · · · · · · · ·					Bois. Concensacy MINICP				]	Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				1	Casing Pressure (Shut-in)					Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPI	TAN	~F							<del></del>		·	
I hereby certify that the rules and regula	tions of the (	Dil Conserv	ation	-1-	Ш		0	IL CON	SEF	<b>AV</b> F	TION D	OIVISIO	N	
Division have been complied with and that the information given above											-			
is true and complete to the best of my knowledge and belief.						Date Approved					JAN	1 3 '92		
Signature Signature					.	Ву		ORIGINAL	. <b>S</b>   3	111 <u>2</u> 2 67	r isany c	EXTON		
J. K. Ripley U		Tech A		nt		•		8.0	TRE.	FEST	PERVISOR		<del>*</del>	
11/21/91		(015)6	Title	40	- []	Title	<b>e</b>							

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.

Telephone No.

- 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.

Date