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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State of New Mexico
Enc. y, Minerals and Natural Resources Department.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

San

Santa Fe, New Mexico 87504-2088

I.	REQ				ABLE AND IL AND NA			l	•		
Operator Chevron	U.S.A., Inc.					Well			APINO. 30-025-10819		
Address	*		N		002/0			30-000	5-168.19		
P. O. BO: Reason(s) for Filing (Check proper box.		HODDS,	New	Mexico		ner (Please exp	dain)				
New Well		Change in	7			ici (Fiease exp	iain)				
Recompletion X	Oil Casinober	ad Gas	Dry C	Gas							
If change of operator give and					Damson T	owore	Uougtor	Torrag 7	7210		
II. DESCRIPTION OF WELI			BOR	7371	Damson 1	owers,	noustor	i, lexas /	7210		
Lease Name	Well No. Pool Name, Including						King	of Lease	Lease No.		
Saltmount Location	l Teague Bli				,			, Federal or Fee	Dease 110.		
	_:_66	0	_ Feet F	rom The S	South_Lin	e and	(cQ1	Feet From The	East Line		
Section 21 Towns	nip 23	S	Range	37E	, NI	мрм,	Lea		County		
III. DESIGNATION OF TRA	NSPORTE	R OF O	II. AN	JD NATI	IDAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.C. Box	576,	Housto	11. TX 77	CC		
El Paso Natural Gas					Address (Give address to which approved P.C. Box 1492, El Pa 20			d copy of this form i	is to be sent) 4 G		
well produces oil or liquids, Unit Sec. Twp.					e. Is gas actually connected? When			n ?	/_/		
If this production is commingled with that IV. COMPLETION DATA	from any oth		L <u>ベン</u> pool, gi	S 372 ve comming	ling order numb	er:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Res'v Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth	<u> </u>	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				10/64		
AR 3303 Rivel					5350'			6164 Tubing Depth 5350			
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD			Bettem of liner 6208'			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
. TEST DATA AND REQUE	ST FOD A	LLOWA	DIE								
OIL WELL (Test must be after t				oil and must	be equal to or e	exceed top allo	wable for thi	s denth or he for ful	1.24 hours)		
Date First New Oil Run To Tank	Date of Test				Producing Met	hod (Flow, pu	mp, gas lift, e	etc.)	124 11000 3.)		
ength of Test	Tubing Pres	Tubing Pressure				Casing Pressure					
-	Tuoing 1100	Total Trobute			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	<u> </u>					······································		<u> </u>			
actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pirot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMPI	JAN	CE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION MAY 2 1989						
S are one of the	TOMICARE WILL	Jenei.			Date .	Approved	j	1917 **			
Lemanin					D .		001012144	elmainm ny 124	IDV CEYTAN		
Signature C. L. Morrill - New Mexico Area Supt.					ByORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Title					Title_						
May 1. 1989 50 Date	5-393 - 41		none No).							

INATILIDIZONA, 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.
- 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:

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