Submit 5 Copies

peropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico balergy, Minerals and Natural Resources Department

Form C-104

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator 30-025-22402 Chevron U.S.A., Inc. P.O. Box 1150 Midland, TX 79702 Address Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Laue No. Kind of Lease State, Federal or Fee Well No. | Pool Name, Including Formation LC030187 Lease Name Teague Blinebry Fed 23 C. E. LaMunyon Location Feet From The North Line and 1980 Feet From The East Line .660 Unit Letter B Lea County , NMPM, Range 37E 235 28 Township_ Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil

Shell figure Carp

Name of Authorized Transporter of Casinghead Gas or Condensate Address (Give address to which approved copy of this form is to be sent) or Dry Gas 201 Main St., Suite 3000, Ft. Worth, TX 76102 X Sid Richardson Carbon & Gasoline When ? is gas actually connected? Rge. If well produces oil or liquids, give location of tanks. Twp. Unit Soc. Unknown Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Tosting Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation JAN 23'92 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 _ By ORIGINAL SIGNE The term of the second of the **Tech Assistant** J. K. Ripley Printed Name 1/9/92 Title

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.

Title_

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

(915)687-7148 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