Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Ei \_y, Minerals and Natural Resources Departmen

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUE	EST FO	R ALL	OWAB	LE AND A AND NAT	UTHORIZ URAL GA	5				
TO TRANSPORT OIL AND NATURAL GAS  Chevron U.S.A., Inc.							M CH VI	Well API No. 30-025-22432			
		70700									
P.O. BOX 1150 Midi	and, TX	79702			Other	(Please explai	in)				
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghead		Dry Gas								
If change of operator give name and address of previous operator										<del></del>	
I. DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Include  Well No. Pool Name, Include  Tongue Bline					1 0, -			Lease ederal or Fee			
M. K. Stewart			<u></u>								
Unit Letter P	:660 Feet From The Sc 23S Range 37E							t From The East Line Lea County			
Section 28 Township						ırm,					
Name of Authorized Transporter of Casinghead Gas Sid Richardson Carbon & Gasoline					Address (Give address to which approved copy of this form is to be sent) 201 Main St., Suite 3000, Ft. Worth, TX 76102						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually	y connected? Yes	When		nown		
give location of tanks.  If this production is commingled with that IV. COMPLETION DATA	from any oth						Deepen	Plug Back	Same Res'V	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	C	as Well	New Well	Workover	Docpes	1		<u> </u>	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing			Depth		
erforations						Depth Casing Shoe					
	TUBING, CASING AND				CEMENTI	CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE										
							<del> </del>	<del> </del>			
	<del> </del>										
V. TEST DATA AND REQUE OIL WELL (Test must be after t	ST FOR A	ALLOW	ABLE of load	oil and mus	t be equal to o	r exceed top all lethod (Flow, p	lowable for thi	is depth or be fo	er full 24 hou	FS.)	
Date First New Oil Run To Tank	Date of Test								Choke Size		
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbit	Water - Bbla.			Gas- MCF		
GAS WELL					150. A	- COLON A A A A A A A A A A A A A A A A A A A		Gravity of C	ondensale		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF						
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-ia)			Choke Size		
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regu	ilations of th	e Oil Cons	ervalion					'ATION I		NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	Date ApprovedJAN 2					
O.K. Riply		<u>.</u> -									
J. K. Ripley Printed Name 1/9/92			Title		11						
1/9/92 Date			elephone								

- 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.
- 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.