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Appropriate District Office  
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P. O. Box 1980, Hobbs, NM 88240  
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**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, 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

Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

#### I.

Operator <b>Chevron U.S.A., Inc.</b>		Well API No. <b>30 - 025-11206</b>
Address <b>P. O. Box 1150, Midland, TX 79702</b>		
Reason (s) for Filling (check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If chance of operator give name and address of previous operator		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lillie</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>South Fowler Tubb 8/1/92</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No.
Location Unit Letter <b>D</b> : <b>0660</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b> Line Section <b>23</b> Township <b>24S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Shell Pipeline Corp.</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland, TX 79701</b>				
Name of Authorized Transporter of Casinghead Gas <b>Sid Richardson Carbon &amp; Gasoline</b>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>201 Main St., Suite 3000, Ft. Worth, TX 76102</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ? <b>Yes</b>	When ? <b>Unknown</b>

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <b>12/23/92</b>		Total Depth <b>10288'</b>		P. B. T. D. <b>6158</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3227' GR</b>	Name of Producing Formation <b>Tubb</b>		Top Oil/Gas Pay <b>5835'</b>		Tubing Depth <b>5786'</b>			
Peforations <b>5835'-6136'</b>					Depth Casing Shoe <b>0</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>No New Casing</b>	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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)			
Date First New Oil Run To Tank <b>12/24/92</b>	Date of Test <b>12/24/92</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>100#</b>	Casing Pressure <b>--</b>	Choke Size <b>16/64</b>
Actual Prod. During Test <b>15</b>	Oil - Bbls. <b>11</b>	Water - Bbls. <b>4</b>	Gas - MCF <b>247</b>

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

#### VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature  
**J. K. Ripley**  
Printed Name  
**J. K. Ripley**  
Date  
**2/4/93**  
T.A.  
Title  
**(915)687-7148**  
Telephone No.

#### OIL CONSERVATION DIVISION

**FEB 09 1993**

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 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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