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

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

State of New Mexico Fagy, Minerals and Natural Resources Department

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

UIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Operator Chevron U.S.A., Inc. 30-025-11403 P.O. Box 1150 Midland, TX 79702 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil Change in Operator Casinghead Gas X Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease Name Lease No. B-158-1 Stuart Langlie Mattix Unit 101 Langlie Mattix Location Feet From The North Line and 330 Unit Letter [] Feet From The West Range 37E 255 Township . NMPM. Section County 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 or Condensate n 20 Lexas new new Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline 201 Main St., Suite 3000, Ft. Worth, TX 76102 Twp. When ? If well produces oil or liquids, Unit Is gas actually connected? Sec. Rge. give location of tanks. Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT . 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Tubing Pressure Gas- MCF Actual Prod. During Test Oil - Bbls. Water - Bbls **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 23'92 is true and complete to the best of my knowledge and belief. Date Approved _ ORIGINAL SIGNS 7:10 J. K. Ripley **Tech Assistant** Printed Name Title Title_ 1/20/92 (915)687-7148

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