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

Name of Authorized Transporter of Oil
Juyar New Mey

If well produces oil or liquids, give location of tanks.

new mexica

Name of Authorized Transporter of Casinghead Gas

Sid Richardson Carbon & Gasoline

State of New Mexico rgy, Minerals and Natural Resources Departme

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

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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Well API No. Operator 30-025-11535 Chevron U.S.A., Inc. Address P.O. Box 1150 Midland, TX 79702 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator 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 No. Lease Name LC032511 Stuart Langlie Mattix Unit 109 Langlie Mattix Federal Location Feet From The North Line and 1650 Feet From The West ,660 Unit Letter C Line Range 37E 25\$ 11 County . NMPM. Section Township

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If this production is commingled with that: IV. COMPLETION DATA	from any oth	er lease or p	ool, give	e comming	ling order num	ber:				
Designate Type of Completion	- (X)	Oil Well	l G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casir	ng Shoe	
	1	UBING, O	CASIN	IG AND	CEMENTI	NG RECOR	D D	1		
HOLE SIZE				IZE	DEPTH SET			SACKS CEMENT		
					<u> </u>	· · · · · ·				
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Rge. Is gas actually connected?

Yes

V. TEST DATA AND REQUEST FOR ALLOWABLE

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

 \triangleright

Unit

or Condensate

X

or Dry Gas

ate First New Oil Run To Tank Date of Test		Producing Method (Flow, pump, gas lift, etc.)				
Leagth of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF			

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

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.

J. K. Riple Tech Assistant Printed Name Title 1/21/92 (915)687-7148 Date Telephone No.

OIL CONSERVATION DIVISION

JAN 23'92 Date Approved .

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

201 Main St., Suite 3000, Ft. Worth, TX 76102

Unknown

When?

By ORIGINAL SIGNED BY GRAD STY DISTRICT LACE ACSOR 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
- 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.