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

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	-	TO TRA	ANSP	ORT OI	L AND N	IATURAL G	AS				
Operator Chevron U.S.A., Inc.							1	API No.			
Address P.O. Box 1150 Midland, TX 79702										 	
Reason(s) for Filing (Check proper box)			-			Other (Please expl	ain)				
New Well		Change in		F 1							
Recompletion	Oil Codestant		Dry G								
Change in Operator If change of operator give name	Casinghead	Gas [_]	Condet	asate 💢							
and address of previous operator							 -				
II. DESCRIPTION OF WELL Lease Name		SE Well No.	Dool N	ama Jackud	iaa Earmati		Vind	of Lease	-		
Learcy McBuffington	Well No. Pool Name, Including 5 Justis Blinebry				•	State			of Lease No. Federal or Fee		
Location Unit Letter J	, 1650		Feet Po	om The Sc	outh 1	ine and 1980		et Emm The E	ıst	Line	
Unit Letter J 1650 Feet From The South Line and 1980 Feet From The East Line Section 13 Township 25S Range 37E NMPM, Lea County											
III. DESIGNATION OF TRANS	CDADTER	OF A	7 A 18.11	D BIATTI	DAT CA	0					
Name of Authorized Transporter of Oil Ilyan New Mey.		or Conden	sate			ive address to wh	ich approved	copy of this form	n is to be s	eni)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Sid Richardson Carbon & Gasoline					Address (Give address to which approved copy of this form is to be sent) 201 Main Sta., Suite 3000, Ft. Worth, TX 76102						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			Is gas actually connected? When Yes							
If this production is commingled with that f IV. COMPLETION DATA	rom any other	r lease or p	pool, giv	e comming!	ing order nu			Unki	iown		
Designate Type of Completion -	(X)	Oil Well	G	as Well	New We	Workover •	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. 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						Depth Casing Si					
		·	0 + 0D					<u> </u>	·		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	ING RECORL DEPTH SET	<u> </u>	044	NO OFM	PAIT	
HOLL OILL	CASING & TUBING SIZE			DEFIN SET			SACKS CEMENT				
		 									
V. TEST DATA AND REQUEST OIL WELL (Test must be after rec				l and must	be equal to	or exceed top allow	vable for this	depth or be for	full 24 hour		
DIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pres	sure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	······································										
GAS WELL Actual Prod. Test - MCF/D	Length of Te	et		····	Bbls. Conde	ensate/MMCF		Gravity of Cond	ensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pres	sure (Shut-in)		Choke Size	- · ·		
VI. OPERATOR CERTIFICA	TE OF C	COMPI	LIAN	CE				TION DI	V//O1O		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION JAN 1392						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					ł	e Approved		JAN 20			
OVD: law					Dai	• •				· · · · · · · · · · · · · · · · · · ·	
Signature					By ORIGINAL SIGNED BY JERRY SEKTON DISTRICT I SUPERVISOR						
J. K. Ripley V			Title		Title		remarka ()	oring stadil			
11/21/91 Date		(915)68 Telepi	87-71 hone No.		i ilie	·	, , , , , , , , , , , , , , , , , , , 				

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.