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

State of New Mexico Ei __y, Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89 See Instruction stom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 REQUEST FOR ALLOWABLE AND AUTHORIZATION DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS T. Well API No. Operator 30-025-25790 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 Recompletion Casinghead Gas X 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 Lease No. Well No. | Pool Name, Including Formation Langlie Mattix C. D. Woolworth Location Feet From The West Feet From The South Line and 660 Line .660 Unit Letter M Lea County Range 37E , NMPM, 245 30 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate e of Authorized Transporter of Oil Koch oil Co. Address (Give address to which approved copy of this form is to be sent) or Dry Gas 🔚 e of Authorized Transporter of Casinghead Gas X 201 Main St., Suite 3000, Ft. Worth, TX 76102 Sid Richardson Carbon & Gasoline is gas actually connected? When ? Twp. Rge. Unit Sec. If well produces oil or liquids, Unknown Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v New Well Workover Oil Well Gas Well Designate Type of Completion - (X) Total Depth PRTD. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 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 _ By ORIGINAL SIGNED BY AMERICAN DISTRICT I SPECIAL CON Tech Assistant J. K. Riple Title Title_ Printed Name (915)687-7148 1/9/92

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