NO. OF COPIES RECEIVED		(-	
DISTRIBUTION	ОИ		
SANTA FE		1	
FILE		3	~
U.S.G.S.			
LAND OFFICE			
I RANSPORTER	OIL		
	GAS		
OPERATOR		3	
PRORATION OFFICE			
Operator			

DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C = 104
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and		Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUR	AL GAS
LAND OFFICE	NOTHORIZATION TO TRA		, , , , , , , , , , , , , , , ,
TRANSPORTER OIL /			
GAS			
OPERATOR 3			
I. PRORATION OFFICE			
Operator			
Chevron Oil Compa	any		
Address			
P. 0. Box 599 ~ 1	Denver, Colorado 80201		
Reason(s) for filing (Check proper		Other (Flease explain)
New Well	Change in Transporter of:		7
Recompletion	Cil Day Go	🛚 🖳 Change of Op	erator effective 7-1-66
Change in Ownership	Casinghead Gas Conde		name charace
	Standard Oil Company of	f Texas 36	10 Avenue S
If change of ownership give name and address of previous owner _		Oil Company Sn	yder, Texas
and address of provides of their			
II. DESCRIPTION OF WELL AS	ND LEASE		
Lease Name	Lease No. Well No. Pool No	ime, Including Formation	Kind of Lease
Jicarilla Tribal 240	6	Boulder Mancos	State, Federal or Fee Federal
Location			
Unit Letter 📕 ;	990 Feet From The FSL Lin	ne and 1980 Feet	From The FAL
Gill Setter			
Line of Section 26	Township 281 Range	IW , NMPM,	Rio Arriba County
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of	Oil 🗽 or Condensate 🔙	Address (Give address to which	approved copy of this form is to be sent)
Shell Pipeline Compa	any	P. O. Box 2648 -	Houston, Texas 77001
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)
None		·	
If well produces cil or liquids,	Unit Sec. Twp. Age.	is gas dotually connected?	When
give location of tanks.	F 26 28N 1W	No	
To this and action is commingled	I with that from any other lease or pool,	give commingling order number	
IV. COMPLETION DATA	with that from any other rease or poor,	6.1.4	
	Oil Well Gas Well	New Well Workover Deep	en Pluc Back Same Resty, Diff. Resty.
Designate Type of Comp	etion = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spadaed			
Elevations (DF, RKB, RT, GR, et	Name of Producing Formation	Top Cil. Gas Ray	Tubing Depth
Elevations (DP, RRB, RT, GR, et	c.,		
Perforations			Depth Casing Shoe
Periorations			
	TURING CASING AN	D CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFIN 3E1	3.01.0
	1		
V. TEST DATA AND REQUES	FOR ALLOWABLE (Test must be	after recovery of total volume of lo	ad oil and must be equal to or exceed top allow
OIL WELL	able for this d	epth of be for full 24 hours;	
Date First New Oil Run To Tanks	Date of Test	Producing Method 'Flow, pump,	gas tiji, etc.)
			The state of the s
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			/01
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
•			4
			Alexander 18.59
GAS WELL			A Company of the Comp
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Floor Floor Mor, 2			**************************************
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
resting Method (prott, buck pr.)			
			TOWN TION CONTRICTOR
VI. CERTIFICATE OF COMPL	IANCE	1	ERVATION COMMISSION
		JU	L 8 1966 , 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	, 's
		Original S	igned by A. R. Kendric k
above is true and complete to	the best of my knowledge and belief.		
		TITLEPETROLEUM	M ENGINEER DIST. NO. 3
		· · · · 	<u>—</u>
		}	
	re di	This form is to be file	ed in compliance with RULE 1104.
	11-212/2	If this is a request for	allowable for a newly drilled or deepened
K. M. Kim	Signature)	If this is a request for	allowable for a newly drilled or deepened companied by a tabulation of the deviation
K. M. Kipp Production Manager	Signature,	If this is a request for well, this form must be actests taken on the well in	rallowable for a newly drilled or deepened companied by a tabulation of the deviation accordance with RULE 111.
K. M. Kipp Production Manager	Signature) (Title)	If this is a request for well, this form must be actests taken on the well in All sections of this for able on new and recomple	rallowable for a newly drilled or deependo companied by a tabulation of the deviation accordance with RULE 111. from must be filled out completely for allow- ted wells.
	Signature) (Title)	If this is a request for well, this form must be actests taken on the well in All sections of this for able on new and recomple	rallowable for a newly drilled or deepende companied by a tabulation of the deviation accordance with RULE 111.

Well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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