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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CHEVRON U.S.A. INC.	
Address P. O. Box 599, Denver, CO 80201	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☒ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate Name Change Effective 7-1-85

If change of ownership give name and address of previous owner: Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. Scott Federal	Well No. 5	Pool Name, including Formation W. Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter K : 1650 Feet From The South Line and 1650 Feet From The West Line of Section 23 Township 27N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	Fidelity Union Tower Bldg., Dallas, TX 75270
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

R. D. P. itie
(Signature)
Area Engineer
(Title)
5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED SEE 231385, 19
BY Dr. J. R. S. G. S. G.
SUPERVISOR, DISTRICT # 3
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, 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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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator	
Gulf Oil Corporation	
Address	
Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Completion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	
Change in name of gas transporter, effective August 1, 1976	

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
E. Scott Federal	5	West Kutz Pictured Cliffs	State, Federal or Fee Federal	
Location				
Unit Letter	K	1650 Feet From The	South	Line and 1650 Feet From The West
Line of Section	23	Township	27-N	Range 11-W, NMPM, San Juan County

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
None						
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Gas Company Of New Mexico	Fidelity Union Tower Bldg., Dallas, Texas 75270					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
					Yes	Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	D.H. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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	DEPTH SET	SACKS CEMENT					

V. 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

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.

D. F. Berlin
(Signature)

Area Engineer

(Title)

August 1, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY ORIGINAL SIGNED BY N. E. MAXWELL JR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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