

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>PALOMA OPERATING CO.</b>	
Address <b>PO Box 3578, MIDLAND TX 79702</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <b>CHG IN OWNERSHIP EFFECTIVE 2-1-88</b>

If change of ownership give name and address of previous owner **CHEVRON USA INC. P.O. Box 670, HOBBS, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>LEA "OG" STATE</b>	Well No. <b>1</b>	Pool Name, Including Rotation <b>BAGLEY, PENN NORTH</b>	Kind of Lease <b>State, Federal or Fee E26</b>	Lease No.
Location				
Unit Letter <b>K</b>	<b>1980</b>	Feet From The <b>SOUTH</b>	Line and <b>1980</b>	Feet From The <b>WEST</b>
Line of Section <b>9</b>	Township <b>11S</b>	Range <b>33E</b>	, NMPM, <b>LEA</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>AMOCO PIPELINE CO</b>	Address (Give address to which approved copy of this form is to be sent) <b>3411 KNOXVILLE AVE, LUBBOCK, TX</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>WARREN PET.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589, TULSA, OK 74100</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>9</b>
	Twp. <b>11S</b>	Rge. <b>33E</b>
	Is gas actually connected? <b>YES</b>	When <b>UNKNOWN</b>

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.

**PALOMA, OPERATING COMPANY**

By: **Bil M. C. [Signature]**  
(Signature)

**President**  
(Title)

**2-22-88**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 3 1988**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**

TITLE **DISTRICT I SUPERVISOR**

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.

#### IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same 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 Shoe		

## TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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		DATE FOR THIS REPORT: _____	
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

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