

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
CHEVRON U.S.A. INC.
Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain)
 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 <i>Northwest Lumont Unit</i>	Well No. <i>122</i>	Pool Name, including Formation <i>Lumont - Queen</i>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <i>F</i> : <i>1980</i> Feet From The <i>North</i> Line and <i>1656</i> Feet From The <i>West</i>				
Line of Section <i>23</i> Township <i>19S</i> Range <i>36E</i> . NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Jula New Mexico Pipeline</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 2528, Hobbs, NM 88240</i>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1589, Jula, OK 74100</i>			
If well produces oil or liquids, give location of tanks.	Unit <i>F</i>	Sec. <i>23</i>	Twp. <i>19S</i>	Rge. <i>36E</i>
	Is gas actually connected?		When	
	<i>Yes</i>		<i>Unknown</i>	

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. Pite
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 31 1985
BY *[Signature]*
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1106.
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

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

JUL 15 4 15 PM '65

Operator
Gulf Oil Corporation

Address
P. O. Box 670, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	To change well number - formerly Northwest Eumont Unit No. 23-6
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

Northwest Eumont Unit "23" Well No. 60

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northwest Eumont Unit	Well No. 122	Pool Name, including Formation Eumont - Queen	Kind of Lease State, Federal or Fee State
Location			
Unit Letter F	1980 Feet From The north Line and 1656 Feet From The west		
Line of Section 23	Township 19S	Range 36E	NMPM, Lea 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Harrah Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1549, Tulsa, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23	Twp. 19S Rge. 36E
	Is gas actually connected? Yes		When Unknown

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

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.		
Pool	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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.



(Signature)
 Area Production Manager

(Title)
 July 15, 1965
 (Date)

OIL CONSERVATION COMMISSION

APPROVED July 15, 1965
 BY [Signature]
 TITLE Supervisor, District #1

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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 Fill out Sections I, II, III, and VI only 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.