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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROVATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Superseding Old C-101 and C-11  
 Effective 1-1-65

Chevron U.S.A. Inc.

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Completion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

change of ownership give name and address of previous owner Gulf Oil Corp.

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Moham Strait (W-F-H)</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Eureka Formation</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u>				
Line of Section <u>13</u>	Township <u>20S</u>	Range <u>36E</u>	NMPM, <u>Lin</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1912 Midland TX 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589 Tulsa OK 74100</u>
Does well produce oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>13</u> Twp. <u>20S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>Unknown</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut Res'v.	Prod. Res'v.
<input checked="" type="checkbox"/>								
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Conditions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Information							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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

AS 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

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

M. W. Casey  
 (Signature)  
 DIVISION PROVISION ENGINEER  
 (Title)  
 Dec. 17, 1985  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 20 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 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 re-completed wells.  
 Fill out only sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.

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