STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PROBATION OF	ICE	I	

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

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

REQUEST FOR ALLOWABLE

OPERATOR		AND		· 	
PROBATION OFFICE	AUTHORIZATION TO	TRANSPORT OIL	. AND NATU	RAL GAS	
Coperator					
,	Ina				
Smith & Marrs	, IIIC.				
	Vormit TV 707/	5			
Reason(s) for filing (Check proper box)	Kermit, TX 7974		Other (Please	e explain)	
New Well	Change in Transporter of	ſ:	Change o	f Operator's name from	Rickey
Recompletion	Smith and Mayo Marrs to Smith & Marrs,				
Change in Ownership	Casinghead Gas	Condensate	Inc.		
<u> </u>					
If change of ownership give name					
and address of previous owner	H				
II. DESCRIPTION OF WELL AND I	EASE				
Lease Name	Well No. Pool Name, in			Kind of Lease	Lease No.
Jalmat Field Yates Sand Ur	ı 105 Jalmat Ta	ansil Yates S	SR	State, Federal or Fee State	E-8322
Location				51. – L	
D 660	North	Line and	0	Feet From The West	
Unit Letter;				_	
1.ine of Section 11 Towns	nip 22S R	tange 35E	, NMPN	ı, Lea	County
III. DESIGNATION OF TRANSPOR	RTER OF OIL AND N	ATURAL GAS		(1)	
Name of Authorized Transporter of Oil	or Condensate	Address	(Give address	to which approved copy of this form i	s to be sent)
(Water Injection Well)					
Name of Authorized Transporter of Casing	head Gas or Dry Ga	Address	(Give address	to which approved copy of this form i	; to be lent,
If well produces oil or liquids,	nit Sec. Twp.	Rge. Is gas ac	tually connect	led? When	
give location of tanks.		<u> </u>			
If this production is commingled with t	hat from any other lease	or pool, give com	mingling orde	er number:	
NOTE: Complete Parts IV and V o	n reverse side if necessi	ary.			
VI. CERTIFICATE OF COMPLIANCE	٦r.		OIL C	CONSERVATION DIVISION	
I hereby certify that the rules and regulations	of the Oil Conservation Divi	ision have APPR	OVED		_, 19
been complied with and that the information g	iven is true and complete to t	BY	ORIG	INAL SIGNED BY JERRY SEXTO	N
my knowledge and belief.				DISTRICT I SUPERVISOR	
		TITLE	£		
	1 / //	-	his form is t	o be filed in compliance with RU	LE 1104.
Dearalles	Leightheane.	2 11	this is a rec	nuest for allowable for a newly dr	illed or deepens
/5/1/1/1/		well."	his form mu	t 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 allow able 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

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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR			
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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	
Rickey Smith and Mayo Marrs	
Address	
P. O. Box 863, Kermit, Texas 79745	·
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Ormanahin abana affaatiaa
Recompletion OII	Ownership change effective
Change in Ownership Casinghead Gas	October 1, 1987
If change of ownership give name and address of previous owner Chevron U.S.A. Inc., P	. O. Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including f	ormation Kind of Lease Lease No.
Jalmat Field Yates Sand Un /00 Jalmat 7	State E-8322
Location	
Unit Letter D: 660 Feet From The 7/0/th Lit	ne and 990 Feet From The Wirt
Line of Section // Township 225 Range -	35 C, NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	
Name of Authorized Transporter of CII or Condensate	Address (Give address to which approved copy of this form is to be sent)
Water Injector	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When
give location of tanks.	
If this production is commingled with that from any other lease or poot,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMMEMBER.	OCT 6 1987
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 1307 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY STATE OF STATE
my knowledge and sener.	BY
	TITLE FOR SURE AND A DATE OF THE CONTROL OF
	The face to be filled to secolitions to
Reds Smith	This form is to be filed in compliance with MULE 1104.
(Signature)	If this is a request for silowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.
(Tule)	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.

on - (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Buck	Same Restv.	Dill. Res'
Date Compl	. Ready to F	rod.	Total Dept	<u> </u>	- 	P.B.T.D.	<u> </u>	
Name of Pro	oducing Form	nation	Top OII/Go	s Pay		Tubing Dep	th	
<u> </u>			<u> </u>			Depth Castr	ig Shoe	
	тизінс,	CASING, AN	D CEMENTI	NG RECORE)			
CASIR	G & TUBI	NG SIZE		DEPTH SE	т	SA	CKS CEMEN	IT.
 			 	· · · · · · · · · · · · · · · · · · ·		ļ		
		Test must be a able for this de	fier recovery pih or he for	of total volum (ull 24 hours)	a of load oil	and must be so	pual to or exce	ed top alla
Date of Tes	£.		Producing k	lathod (Flow,	pump, gaz li	(, etc.)		
Tubing Pres	swo.	· · · · · · · · · · · · · · · · · · ·	Casing Pres	•m•		Chote Size		·
Oil-Bhis.			Water - Bble					
005.21			, atter a Bara.	•		Gan-MCF		
						Gan-MCF		
Length of Te	cat			neqte/MMCF		Gravity of C	ondensate	
	Date Compl Name of Pro CASIN FOR ALLO Date of Tee Tubing Pree	Date Compl. Ready to F Name of Producing Form TUBING, CASING & TUBI FOR ALLOWABLE (Date of Test Tubing Pressure	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depti Name of Producing Formation TUBING, CASING, AND CEMENT! CASING & TUBING SIZE TOR ALLOWABLE (Test must be after recovery able for this depth or he for producing he after the produci	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depth Total Value Total Depth T	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depth TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET TOR ALLOWABLE (Test must be after recovery of total volume of load oil able for this depth or he for full 24 hours) Date of Test Producing Method (Flow, pump, gas in Tubing Pressure)	Date Compil. Ready to Prod. Date Compil. Ready to Prod. Total Depth P.B.T.D.	Date Compi. Ready to Prod. Date Compi. Ready to Prod. Total Depth P.B.T.D.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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_	PROPATION OF IT
	AUTHORIZATION TO TRAN
	•
1	Operator
١	CHEVRON U.S.A. INC.
ŀ	Address
ı	***
ŀ	P. O. Box 670, Hobbs, NM 88240
ŀ	Reason(s) for tiling (Check proper box)
٠	New Well Change in Transporter of:
.1	Recompletion Cil
1	
ı	X Change in Ownership Casinghead Gas
	•
	change of ownership give name Gulf Oil Corp., P. O.
•	and address of previous owner dail off corp., 1. o.
1	I. DESCRIPTION OF WELL AND LEASE
· I	Lease Name , Well No. Pool Name, Including
ł	Delmost Fold That a kind 1051 Colmat
ŀ	Wat Field Gales Sund 105 Jalmat
4	
ł	Unit Letter D: 660 Feet From The Morth L
1	J. J
1	Line of Section // Township 225 Range
L	Line of Section // Township AA Range
	•
3	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA
· r	Name of Authorized Transporter of Ctl of Condensate
I	- //II
	WI
	Name of Authorized Transporter of Casingheda Gas or Dry Gas
	W Name of Authorized Transporter of Casingheda Gas or Dry Gas
	Unit Sec. Two Sec.
	If well produces oil or liquids, Unit Sec. Twp. Rgs.
	Unit Sec. Two Sec.
	If well produces oil or liquids, Unit Sec. Twp. Rgs.
1	If well produces oil or liquids. Unit Sec. Twp. Rqs. que location of tanks.
	If well produces oil or liquids, Unit Sec. Twp. Rgs.
	If well produces oil or liquids. Unit Sec. Twp. Rqs. que location of tanks.
1	If well produces oil or liquids. Unit Sec. Twp. Rgs. I this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary.
1	If well produces oil or liquids. Unit Sec. Twp. Rqs. que location of tanks.
1 1 7	If well produces oil or liquids. [Init Sec. Twp. Rgs. [Init Sec.
	If well produces oil or liquids. If this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. I. CERTIFICATE OF COMPHANCE hereby certify that the rules and regulations of the Oil Conservation Division have
1 1 7 16	If well produces oil or liquids. If this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. I. CERTIFICATE OF COMPHANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complied with and that the information given is true and complete to the best of
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Form C-104 Revised 10-01-78 Format 06-01-83

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W MEXICO 87501

R ALLOWABLE DN PORT OIL AND NATURAL GAS

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Operator	in the second se	
CHEVRON U.S.A. INC.	A CONTRACTOR OF THE CONTRACTOR	~÷.; .,
Address	The state of the s	<u></u>
P. O. Box 670, Hobbs, NM 88240		7.
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of: Recompletion	Name Change Effective 7-1-85	
Recompletion OII Dry Gas X Change in Ownership Casinghead Gas Condensate	· indice	
Casingheda das Canochada		
change of ownership give name Gulf Oil Corp., P. O. Box 67	0, Hobbs, NM 88240	
L DESCRIPTION OF WELL AND LEASE	· (4.	j
ease Name Well No. Pool Name, Including Formation	Kind of Lease	No.
alnot Field yster Sud 105 Calnat	State, Federal or Fee E-1625	·· •
Unit Letter D: 660 Feet From The Morth Line and		
Line of Section // Township 225 Range 35E	, NMPM, Lea Cou	nty
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		. 1
Name of Authorized Transporter of Cil of Condensate Address	(Give address to which approved copy of this form is to be sent)	
-	s (Give address to which approved copy of this form is to be sent)	
f well produces oil or liquids. Unit Sec. Twp. Rgs. Is gas a live location of tanks.	setually connected? When	3/42
this production is commingled with that from any other lease or pool, give com	nmingling order number:	

OLE GONGLAVATION DIVISION	
APPROVED	.
BY PASES SOY TON	% Å.
TITLE DISTRICT 1 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.

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