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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
 Supersedes Old C-101 and C-110
 Effective 1-1-65

Operator **Chevron U.S.A. Inc.**

Address **P. O. Box 1660, Midland, Texas 79701**

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

If change of ownership give name and address of previous owner **Chevron Oil Company, P. O. Box 1660, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Continental State	Well No. 1	Pool Name, including Formation Stateline (Ellenburger)	Kind of Lease State, Federal or Fee State	Lease No. D-2657
Location				
Unit Letter B	1980 Feet From The East Line and 650 Feet From The North			
Line of Section 5	Township 24-South	Range 38-East	, N.M.P.M., 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"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation	P. O. Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	P. O. Box 666, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 5 24-S 38-E	Yes May 11, 1966

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB 151**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.D.T.D.				
Elevations (D.F., R.R.B., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Testing 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 lost 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

W. A. Goudeau
W. A. Goudeau (Signature)
Area Supervisor
 (Title)
March 2, 1977
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY _____
 TITLE _____

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

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 16 3 55 PM '66

MAY 1, 1970, STANDARD OIL COMPANY OF TEXAS IS CHANGING ITS OPERATING NAME TO CHEVRON OIL COMPANY.

Standard Oil Company of Texas - A Division of Chevron Oil Company

Address: **3610 Avenue S - Snyder, Texas 79549**

Reason(s) for filing (Check proper box, explain):

New Well Change in Fracturing

Recompletion Well **Effective May 11, 1966**

Change in Ownership Reassignment

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Continental State** Lease No.: **1** Stateline (**Ellenburger**)

Location: Unit Letter **B** 1980 Feet From The **East** 860 Feet From The **North**

Line of Section **5** Township **24S** Range **38E** **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: **Phillips Petroleum Company**

Name of Authorized Transporter of Gas: **Phillips Petroleum Company**

If well produces oil or liquids, give location of tanks: **B 5 24S 38E Yes May 11, 1966**

If this production is commingled with that from any other lease in pool, give pool number: **CTB 151**

IV. COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded _____ Date Compl. Ready to Prod. _____

Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____

Perforations _____ Depth Casing Shoe _____

TUBING, CASING, AND CEMENT RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks _____ Date of Test _____

Length of Test _____ Tubing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil-Bbls. _____

GAS WELL

Actual Prod. Test-MCF/D _____ Length of Test _____ Gravity of Condensate _____

Testing Method (pitot, back pr.) _____ Tubing 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.

E. W. McCants (Signature)
District Engineer (Title)

May 13, 1966 (Date)

APPROVED _____, 19____

Oil Conservation Commission

This form is to be filed in compliance with RULE 1104. This is a request for allowable for a newly drilled or deepened well and 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 allowance on new and recompleted wells. All but 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.

CHRYSLER CREDIT CORPORATION
AND ITS OPERATING DIVISIONS
COMPANY OF TEXAS
MAY 1, 1970 STANDARD

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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

HOBBS OFFICE O.C.C.
MAR 9 3 16 PM '66

I. OPERATOR Standard Oil Company of Texas
 A Division of Chevron Oil Company

Address
 3610 Avenue S - Snyder, Texas

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) Effective date March 8, 1966
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>				

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Continental State	Lease No.	Well No. 1	Pool Name, including Formation Stateline Ellenburger	Kind of Lease State, Federal or Fee	State
Location Unit Letter <u>B</u> , <u>1900</u> Feet From The <u>East</u> Line and <u>860</u> Feet From The <u>North</u>					
Line of Section <u>5</u> Township <u>24S</u> Range <u>30E</u> , NMPM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Corporation	Box 1910, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 5	Twp. 24S	Rge. 30E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-151

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								
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.

E. W. McCants
 (Signature)
 District Engineer
 (Title)
 March 8, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY _____

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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