

DISTRIBUTION	
DATE REC.	
FILE	
U.S.G.S.	
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 O-104
 Supersedes Old O-101 and O-11
 Effective 1-1-65

Chevron U.S.A. Inc.
 Address

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:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Condensed 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

Well Name: **Mark** Well No.: **7** Field Name, Including Formation: **Markard** Kind of Lease: State, Federal or Free Lease No.:

Location: Unit Letter **H**; **1930** Feet From The **North** Line and **760** Feet From The **East** Line of Section **3** Township **22S** Range **37E**, N.M.P.M., **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : **TA** Address (Give address to which approved copy of this form is to be sent):

Name of Authorized Transporter of Condensed Gas or Dry Gas : Address (Give address to which approved copy of this form is to be sent):

Does well produce oil or liquids, via location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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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	Since Test	Dist. Res'v.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.D., T.D.					
Productions (Dr., RAB, 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)

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
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Total Prod. Test - MCF/24	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
String Method (Flow, Back pt.)	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 herein is true and complete to the best of my knowledge and belief.

[Signature]
 (Signature)
Division Operations Engineer
 (Title)
Dec. 17, 1985
 (Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 20 1985, 19
 BY: **JERRY SEXTON**
DISTRICT I SUPERVISOR
 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 production tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable to be considered acceptable.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED
DEC 18 1985
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HONORARY SERVICE