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DISTRIBUTION	NEW MEXICO OIL COI	NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANIAFE		OR ALLOWABÊ E AND ∽	Effective 1-1-65
FILE U.S.G.S.		AND SPORT OIL AND NATURAL (GAS ———
LAND OFFICE	AUTHORIZATION TO TRAIN	SI OK I OIL AND HATOKAL	GAS RECEIVED
IRANSPORTER OIL	MAY 1, 1970, STANDARD OIL		1 /
GAS	COMPANY OF TEXAS IS CHANGING ITS OPERATING NAME TO	3	Jan 1 6 1969
OPERATOR PROPATION OFFICE	CHEVRON OIL COMPANY		
Operator			ACTEDIA, OFFICE
Standard 011 Company	of Texas - A Blyleion o	P Chevren Oil Company	
Address 3610 Avenue 8, Snyd	w Torns 705kQ		
Reason(s) for filing (Check proper box,		Other (Please explain)	
New Well	Change in Transporter of:	To change trans	porter from Permian
Recompletion	Oil Dry Gas		z 3119, Midland, Texas.
Change in Ownership	Casinghead Gas Condens	ate X Effective 2-1-6	9
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including For		
Paul Terry et al "Gas	Com 2 Atoka (Penn.)	State, Feder	rat of Fee Fee
Location		000	The Rest
Unit Letter H ; 16 5	Feet From The Korth Line	and 990 Feet From	The
Line of Section 15 To	wnship 188 Range	261 , NMPM, Edit	Y County
Line of Section 15 To	Wilsing Control of the Control of th		
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Gi allana sa mbiah gam	roved copy of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	P. O. Box 1713, Kidle	
Admiral Crude Oil Cor Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appr	roved copy of this form is to be sent)
Transvestern Pipe Line		First Mational Bank Houston, Texas 77001	Midg.
	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen
If well produces oil or liquids, give location of tanks.	н 15 188 26%	Yes b	scember 19, 1966
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completi			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
25.0 57			The state of the s
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TOP AT LOWARY E. (Toron must be a	fter recovery of total valume of load	oil and must be equal to or exceed top allow
V. TEST DATA AND REQUEST I	able for this de	pth or be for full 24 nours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Coming Pressure	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
Actual Prod. During 1985			
l			
GAS WELL		Tall Carlo ANGS	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
man de la companya de	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	I don't Liange of Gune, we b	· · · · · · · · · · · · · · · · · · ·	
TENTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
VI. CERTIFICATE OF COMPLIANCE		.140 1 6 1969	
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. a. Gressett	
		TITLE OIL AND GAS INSPECTOR	
			0.00
	<i>)</i>		in compliance with RULE 1104.

(Signature)

(Title)

(Date)

District Engineer

January 13, 1969

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.

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.