

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A., Inc.	Well API No. 30-015-23044
Address P. O. Box 670, Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "35" State	Well No. 1	Pool Name, Including Formation Penasco Draw San Andres	Kind of Lease State Federal or Fee	Lease No.
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 35 Township 18S Range 24E , NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ KOCH Oil Co., a Div. of KOCH Ind.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, Texas 79702					
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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

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			
					Port 20-3			
					12-15-89			
					chg 21: PER			

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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. L. Morrill by C. L. Morrill
Signature
C. L. Morrill NM Area Prod. Supt.
Printed Name
12-05-89 Title
Date (505) 393-4121
Telephone No.

OIL CONSERVATION DIVISION

DEC 13 1989

Date Approved

By ORIGINAL SIGNED BY
NIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED BY

JAN 20 1986

O. C. D.

ARTESIA, OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-79
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Chevron U.S.A. Inc.

Address P.O. Box 670 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☒ Change in Ownership	☐ Casinghead Gas	

Other (Please explain) _____

If change of ownership give name and address of previous owner Gulf Oil Corp., P.O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eddy 35 State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Draw, San Andres, Yeso, Assoc.</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>4-3756</u>
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>18 S</u> Range <u>24 E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>None</u>	Address (Give address to which approved copy of this form is to be sent) _____
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>FD 3</u> <u>1-24-84</u> <u>Eddy</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

MW Casey
(Signature)Division Proration Engr.
(Title)1-17-86
(Date)

OIL CONSERVATION DIVISION

JAN 21 1986

APPROVED _____, 19____
Original Signed By
BY Les A. Clements
TITLE Supervisor District II

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 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.

GAS-OIL RATIO TESTS

For		County		Pool		Completion		Special																	
CHEVRON, U.S.A., INC. V		Penasco Draw - Santa Fe - Yeso Area		Eddy																					
P.O. BOX 670		HOBBS, NEW MEXICO 88240		TYPE OF TEST - (X)		SCHEDULED																			
LEASE NAME		WELL NO.		LOCATION		DATE OF TEST		CHOKE SIZE		TBG. PRESS.		DAILY ALLOW. ABLE		LENGTH OF TEST HOURS		PROD. DURING TEST		GAS - OIL RATIO							
				U S T R												WATER BBL'S.		GRAV. OIL		OIL BBL'S.		GAS M.C.F.		CU.FT/BBL	
Eddy "35" State		1		G 35 18 24		1-4-86		8" 2" 1/2		20		8		24		3		31.2		3		7574		0	