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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
Effective 1-1-65

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OCT 17 1966

Operator Standard Oil Company of Texas - A Division of Chevron Oil Company		O. C. C. ARTIFICIAL
Address 3610 Avenue S - Snyder, Texas		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) Well completed 1963 and SI. Now reporting connection to pipeline.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 1	Pool Name, Including Formation Undesignated (Atoka Perm.)	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter F ; 1980 Feet From The West Line and 1980 Feet From The North Line of Section 3 Township 20-S Range 24-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> To be named later	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline Company of America	Address (Give address to which approved copy of this form is to be sent) P. O. Box 236, Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 3	Twp. 20-S	Rge. 24-E	Is gas actually connected? No	When Approx. 10-14-66

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.
		X	X			X		
Date Spudded Re-entered 4-12-63	Date Compl. Ready to Prod. 5-19-63		Total Depth 9950		P.B.T.D. 8745			
Elevations (DF, RKB, RT, GR, etc.) 3749 Gr.	Name of Producing Formation Atoka (Perm.)		Top Oil/Gas Pay 8645		Tubing Depth 8667			
Perforations 8712-8721					Depth Casing Shoe 8992			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		543		375			
12 1/2"	9-5/8"		3700 to 1377'		400			
8-3/4"	4 1/2"		8997		Stage I - 630			
			Stage Ctr. @ 1508'		Stage II - 750			

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 1390	Length of Test 20 hours	Bbls. Condensate/MMCF 1.1	Gravity of Condensate 47° API
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1065	Casing Pressure (shut-in) Packer	Choke Size Unknown

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.

B. Davidson
Lead Drilling Engineer
(Signature)
(Title)

October 12, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 27 1966**, 19_____
BY **W. A. Gressett**
TITLE **OIL AND GAS INSPECTOR**

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.