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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		3
PRORATION OFFICE		1

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

I. Operator **Standard Oil Company of Texas**
A Division of Chevron Oil Company formerly California Oil Company

Address _____

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) _____

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

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Boyle Flats Unit	Well No. 2	Pool Name, Including Formation Indian Basin Upper Pennsylvanian Gas	Kind of Lease State, Federal or Fee Federal
Location Unit Letter J ; 1630 Feet From The South Line and 1630 Feet From The East Line of Section 4 , Township 22N Range 23E , NMPM, Midy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Not available			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Not available			
If well produces oil or liquids, give location of tanks Test Tank	Unit J	Sec. 4	Twp. 22N Rge. 23E
			Is gas actually connected? No 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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 2-16-65	Date Compl. Ready to Prod. 6-22-65	Total Depth 11,017		P.B.T.D. 7390				
Pool Indian Basin Upper Penn. Gas	Name of Producing Formation Cleco (Canyon)	Top Oil/Gas Pay 7039		Tubing Depth 6935				
Perforations 7039, 41, 43, 45, 51, 53, 55, 65, 67, 69, 71, 81, 83, 85, 87, 89, 91, 93, 95, 97, 99, 7101, 03, 05, 13, 15, 17, 19, 25, 27, 39, 41, 43				Depth Casing Shoe 7692				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/2 and 17 1/2	13-3/8	245'		230 sbs. to surface				
12 1/2	9-5/8	2280'		800 sbs. to surface				
8-1/4	7"	7692'		250 sbs.				
7"	2-7/8	6936 in Mod. D packer at 6935'						

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 10,750	Length of Test 4	Bbls. Condensate/MMCF 11.44	Gravity of Condensate 60.8
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure 2046	Casing Pressure 0	Choke Size 14/64 to 20/64

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)

E. W. McCants

District Engineer

(Title)

July 8, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 10 1965**, 19_____
BY *[Signature]*
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 Sections I, II, III, and VI only 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.