STATE OF NEW MEXICO	· · · ·
ENERGY AND MINERALS DEPARTMENT	
	Form C-104
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I BANTA PE IL IL OIL	CONSERVATION DIVISION Format 06-01-83
	Page 1
U.s.a.s.	P. O. BOX 2088 INT. FE, NEW MEXICO 87501
LAND OFFICE	
TRANSPORTER OIL MAY 19 1986	
OPERATOR INPAT 13 1300	REQUEST FOR ALLOWABLE
AUTHORIZAT	TION TO TRANSPORT OIL AND METHON AND
ARTESIA, OFFICE	AND TION TO TRANSPORT OIL AND NATURAL GAS
Chevron U. S. A. Inc.	
Address	
P. O. 670, Hobbs, New Mexico 88	3240
Reason(s) for filing (Check proper box)	
	Other (Please explain)
Recompletion     Change in Tran	aporter ol:
	Dry Gas
Casinghead	d Gas Condensate
Change of opposition in the second second	
nd address of previous owner Gulf Dil (	Lo.r.p., P.O. Box 670, Hobbs, NM 88240
	10, 00x 670, HOBDS, NM 88240
I. DESCRIPTION OF WELL AND LEASE	
Lease Name   Well No. / Pool /	Name, Including Formation
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Marguardt Federal 3 Wi	hite City Penn State, Federal or Fee Fed. 1/11/4
	South with
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	SOUTH Line and 1630 Feet From The West
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Unit Letter K: 1650 Feet From The Line of Section 12 Township 355 IL DESIGNATION OF TRANSPORTER OF OIL All Come of Authorized Transporter of Casingnead Gas or Condense lame of Authorized Transporter of Casingnead Gas or condense condition of tanks. <i>CERTIFICATE OF COMPLIANCE</i> <i>CERTIFICATE OF COMPLIANCE</i> <i>Signatures</i> <i>(Signatures)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Signature)</i> <i>(Sign</i>	$ \frac{SO \ M + h}{Line \ and} \ 1650 \ Freet From The West \\ \hline Range SEE . NMPM. Eddy course  ND NATURAL GAS  The Matter of the form is to be sent?  \frac{Aadreens}{Aadreens} (Give \ address to which approved copy of this form is to be sent?  Box 1492 El Paso, TX .79999  \frac{Box 1492 El Paso, TX .79999}{Box 1492 El Paso, TX .79999} \\ \frac{SS : 56E}{S: 56E} \ YeS \\ Ch_3 \ Of \ Of \\ Ch_3 \ Of \ Of \ Ch_3 \ Of \ Of \ Of \ Ch_3 \ Of \ Of \ Of \ Of \ Ch_3 \ Of \ Of \ Of \ Ch_3 \ Of \ O$

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## IV. COMPLETION DATA

1

Designate Type of Completi	on - (X)	Oil Well	i Gas Well I	New	<b>1</b> -11	•	Deepen H	Plug Back	' Same Res'v.	Diff. Rea'
Date Spudded	Date Comp	ol. Ready to P	rod.		Depin	t Standard the standard standard Standard Standard Stan		P.B.T.D.	±	<b></b>
Elevations (DF, RKB, RT, GR, etc.,	Name of P	roducing Form	nation	Top	u/Ga	Pary	• P =	Tubing Dep	ih <u>(† 6</u>	
Perforationa					Depth Castr	Depth Casing Shqe				
		TUBING,	CASING, ANI	DCEM	ENTIN	G RECORD		_L		
HOLE SIZE	CAS	ING & TUBI	NG SIZE			DEPTH SET		SA	CKS CEMEN	17
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## V. 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 allou-OIL WELL able for this depth or be for full 24 houre)

Date First New Oll Run To Tanks	Date of Teet	Producing Method (Flow, pur	Producing Method (flow, pump, gas iift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Chote Size	,	
Actual Prod. During Test	O11- B514.	Water - Bbis.	Gas - MCF		
			•		

## GAS WELL

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Actual Prod. Teet-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condeneate
Teating Method (pitol, back pr.)	Tubing Pressure ( Shut-is )	Casing Pressure (Shut-in)	