DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

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

Operator: Chevron U.S.A. Inc.

Address: P.O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [X]
- Change in Ownership [X]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Fullerton Fed	10	W. Kutz Pictured Cliffs	State, Federal or Fee SF078944	

Location

Unit Letter I : 1775 Feet From The South Line and 990 Feet From The East

Line of Section 13 Township 27N Range 11W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: None — Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: El Paso Natural Gas Co. — Address (Give address to which approved copy of this form is to be sent): Box 1492, El Paso, TX 79999

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O				No	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X				X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
~~3-22-62~~ Spud 12-30-84	1-6-85	6536'	1900'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6085' GL	Pictured Cliffs	1830'	1773

Perforations	Depth Casing Shoe
1830-38'	—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No Record			

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 allowable for this depth or be for full 24 hours)

OIL WELL

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**

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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
442	24 hrs	0	0
Testing Method (pitot, back pr.)	**Tubing Pressure (~~Shut-in~~)**	**Casing Pressure (~~shut-in~~)**	**Choke Size**
flow	110#	0	14/64

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.

(Signature)
for AREA ENGINEER
(Title)
7-9-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 30 1985

BY Frank T. Chavez

TITLE SUPERVISOR DISTRICT # 3

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