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Chevron U.S.A. Inc., I. DESCRIPTION OF WELL AND LEASE Unit Letter A : 660 Feet From The 7 10200 Line of Section 23 Township 225 Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATUR	<u>Р. О. Вох</u>	: 670, нс	obbs, NM 8824	0	
nd eddress of previous owner <u>Chevron U.S.A. Inc.</u> I. DESCRIPTION OF WELL AND LEASE Usease Name Jalmat Field Yates Sand Un /47 Jalmat T- Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>7000000000000000000000000000000000000</u>		<u>670, нс</u>	<u>obbs, NM 8824</u>	0	
Line of Section 23 Township 225 Range	-V-5R		Kind of Lease State, Federal or Fee	• State	Lease No. E-8322
Line of Section 20 Township The Automation Nature	Line and	60	Feet From The	East	
	<u>35E</u>	, NMPM	л,	Lea	County
News of Authorized Tennenories of Oil: Vi of Condenante					
	Address (G	vive address	to which approved cop	y of this form is t	o be sent)
Texas New Mexico Pipeline			28, Hobbs, NM		.
Name of Authorized Transporter of Casinghead Gas 🕅 or Dry Gas 🗍	Address (G	Give address	to which approved cop	y of this form is t	o be sent)
Phillips Petroleum 66 Natl Das	4001	Penbrook	k, Odessa, Tx	79761	
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks. A 23 225 3	ls gas actu	ually connect	od? When	lknown	
f this production is commingled with that from any other lease or po		·	r number:		
This production is commingred with that nom any other relate of po	at give commi				

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VI. CERTIFICATE OF COMPLIANCE

1

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.

Reale frite
(Signature)
(Tule) 10-1-87
(Date)

*

OIL	CONSERVAT	ION DIVISI	ION
APPROVED	<u> 0CT 6</u>	<u>1987</u>	
BY	Eddie W.	Seay	

TITLE Oil & 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 AULE 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 Forma C-104 must be filed for each pool in multiply completed wells.





Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

Designate Type of Completion	on - (X)	OII Well	i Gas Well i	New Well	Workover 1	Deepen	Plug Buck	Same Res'v.	Diff. Res'v
Date Spuddod	Date Compl	L Ready to Pi	rod.	Total Dept	<u>יייייי</u> ר	<u></u>	P.B.T.D.	· ••••••••••••••••••••••••••••••••••••	i
Elevations (DF, RKB, RT, GR, cic.)	Name of Pro	oducing Form	ation	Top Oll/Go	s Pay		Tubing Dep	th	
Perforations	1						Depth Casin	ng Shoe	
		TUBING, C	CASING, AN	D CEMENTI	NG RECOR	D	_1		
HOLE SIZE	CASH	NG & TUBIN	G SIZE	ļ	DEPTH SE	T	S/	CKS CEMEN	IT.
	1		<u>.</u>						<u></u>
	1								
	<u> </u>						<u> </u>		

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 allow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanks	Dato of Test	Producing Method (Flow, pump, gas life	, «IC.)
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gao • MCF
: 			

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitos, back pr.)	Tubing Pressure (slmt-is)	Casing Pressure (Shut-in)	Choke Size

1.24.14

