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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
PROBATION OFFICE		I	i

## MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Chevron U.S.A. Inc. Address P. O. Box 1660, Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Recompletion OIL Dry Gas Condensate Casinghead Gas Change in Ownership If change of ownership give name Chevron Oil Company, P. O. Box 1660, Midland, Texas 79701 and address of previous owner\_\_\_\_\_ DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease NM 0315712 Maljamar (Grayburg-San Andres) State, Federal or Fee Federal 23 Maljamar (Grayburg) Unit Location Feet From The South Line and 330 2310 Feet From The Unit Letter Range 32-East Township 17-South Lea County , NMPM, 2 Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 1510, Midland, Texas 79701 Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔀 💮 or Dry Gas 🦳 P. O. Box 6666, Odessa, Texas 79760 Phillips Petroleum Company When Is gas actually connected? Twp. P.ge. Sec. Unit If well produces oil or liquids, 4 17-8 32-E Yes J give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Same Res'v. Diff. Res'v. Plug Back Gas Well New Well Workover Deepen Oil Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION I. 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. APPROVED\_ -1.2 BY\_ TITLE \_ 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. Condeau (Signature) All sections of this form must be filled out completely for allow-able on new and recompleted wells. Area Supervisor (Title)

March 1,

(Date)

1977

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

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