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TRANSPORTER	OIL	
	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

I.

Operator Chevron Oil Company	
Address P. O. Box 1660, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maljamar (Grayburg) Unit	Well No. 77	Pool Name, Including Formation Maljamar (Grayburg-San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. NM0315712
Location Unit Letter H ; 2310 Feet From The North Line and 660 Feet From The East Line of Section 15 Township 17S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701	
Texas-New Mexico Pipeline		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6666, Odessa, Texas 79760	
Phillips Petroleum Company		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 15
	Twp. 17S	Rge. 32E
	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-30-61	Date Compl. Ready to Prod. 7-12-61		Total Depth 4190'		P.B.T.D. 4187'			
Elevations (DF, RKB, RT, GR, etc.) GR 4056'	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3928'		Tubing Depth 3718'			
Perforations 3740-42', 3750-52', 3786-3792', 3810-16', 3828-32', 3840-44', 3886-92', 3916-3924', 3928-42', 4072-82'					Depth Casing Shoe 4190'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		323'		200			
7 7/8"	5 1/2"		4190'		355			

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)

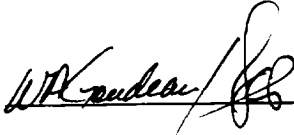
Date First New Oil Run To Tanks 11-6-76	Date of Test 11-6-76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 0-25 Flowing by heads	Casing Pressure 0	Choke Size 1"
Actual Prod. During Test 20 BOPD	Oil-Bbls. 20	Water-Bbls. 20	Gas-MCF 12.8

GAS WELL

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

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.


W. A. Goudeau
(Signature)
Area Supervisor
(Title)
11-10-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19 _____

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.
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 Forms C-104 must be filed for each pool in multiply completed wells.