

DISTRIBUTION	
SALES AREA	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

Operator Chevron U.S.A. Inc.	
Address P. O. Box 1660, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter oil ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Chevron Oil Company, P. O. Box 1660, Midland, Texas 79701**

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Maljamar (Grayburg) Unit	Well No. 41	Pool Name, including Formation Maljamar (Grayburg-San Andres)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter I	1980	Feet From The South	Line and 660	Feet From The East
Line of Section 9	Township 17-South	Range 32-East	, NMPM, Lea County	

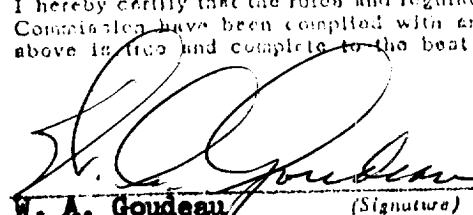
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipeline Co.		P. O. Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company GPMA Gas Corporation		P. O. Box 6666, Odessa, Texas 79760		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 9	Twp. 17-S	Rge. 32-E
			Is gas actually connected? Yes	When

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

III. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

IV. 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)			
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

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

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.	
	
W. A. Goudeau	(Signature)
Area Supervisor	(Title)
March 1, 1977	(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 portions 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.	

RECEIVED

17 187

187