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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 1660, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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) Ut.	Well No. 78	Pool Name, including Formation Maljamar (Grayburg)	Kind of Lease State, Federal or Fee Federal	Lease No. 14059576
Location Unit Letter L ; 50 Feet From The West Line and 1400 Feet From The South Line of Section 3 Township 17-S Range 32-E , 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 4	Twp. 17-S	Rge. 32-E	Is gas actually connected? yes	When 8-8-81

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 7-6-81	Date Compl. Ready to Prod. 8-8-81		Total Depth 4300		P.B.T.D. 4261			
Elevations (DF, RKB, RT, GR, etc.) KB 4177; DF 4176; GR 4168	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 3921		Tubing Depth 4226			
Perforations 3921, 24, 26, 51, 53, 60, 62, 63, 3974, 76, 78, 81, 85, 87, 90, 4002, 03, 14, 15, 35, 47, 49, 52, 55, 4057, 62, 64, 66, 73, 74, 75, 77, 79, 4083, 85, 4211, 4213, 4215, 4243, 4244.		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE 12-1/4 7-7/8	CASING & TUBING SIZE 8-5/8 5-1/2 2-3/8		DEPTH SET 370 4300 4226		SACKS CEMENT 450 1025 --			

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 8-10-81	Date of Test 8-21-81	Producing Method (Flow, pump, gas lift, etc.) 1 1/2" rod pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 17 BPD	Water - Bbls. 8 BWD	Gas - MCF 9


Attachments: Inclination Report; Dual Laterolog; Compensated Neutron-Formation Density Log.

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.


J. Goudeau (Signature)
Superintendent (Title)
24, 1981 (Date)

OIL CONSERVATION COMMISSION

APPROVED , 19____
BY **Jerry Sutton**
TITLE **Dist. L. Supv.**

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.