

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
To Designate Gas Transporter

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lea CR STATE (NCT-A)</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Anderson Ranch (Wolfcamp)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-3570</u>
Location				
Unit Letter <u>P</u> : <u>3630</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>16S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> <u>Shell Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910, Midland, TX 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 460, Hobbs, NM 88240</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>2</u>
	Twp. <u>16S</u>	Rge. <u>32E</u>
	Is gas actually connected? <u>Yes</u>	When <u>11-14-85</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

MW Casey
(Signature)
Division Proration Engineer
(Title)
2-5-86
(Date)

OIL CONSERVATION DIVISION
FEB 7 - 1986
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 SUPERVISOR

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.

7. COMPLETION DATA				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
Designate Type of Completion - (X)											
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay				Tubing Depth			
								Depth Casing Shoe			
Perforations											

TUBING, CASING, AND CEMENTING RECORD			SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	

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 allowable for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

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

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C.C.D.
HOBBS OFFICE