

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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 U.S.A. Inc.
Address
P. O. Box 1660 Midland, Texas 79701
Reason(s) for filing (Check proper box) (If more than one, please explain)
New Well ☐ Change in Transporter of:
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**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 1-29	Well No. Pool Name, including Formation 3 Hobbs Grayburg-San Andres	Kind of Lease State, Federal or Fee State	Lease No. A-1499
Location Unit Letter P 330 Feet From The South Line 330 Feet From The East Line of Section 29 Township 18-S Range 38-E N.M.P.M. 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"/> Atlantic Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1190, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 66, Eunice, New Mexico 88231		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 29	Two. Range. 18-S 38-E
			Yes 6-13/58

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Well	Recovery	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Comp. Ready to Prod.					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Taking Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of pool volume of load oil and must be equal to or exceed top allowable for this depth or shall be full 24 hours.

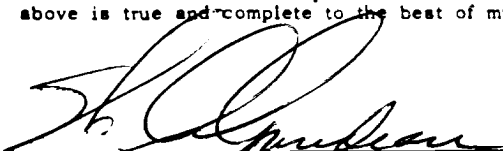
Date First New Oil Run To Tanks	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Gals.	Gas-MCF

GAS WELL


Actual Prod. Test-MCF/D	Length of Test	Bbls. Produced per MCF	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. Goudreau (Signature)
Area Supervisor (Title)
February 25, 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 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