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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

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

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	Well No.	Pool Name, including Formally	Kind of Lease	Lease No.
State 1-29	4	Hobbs Grayburg-San Andres	State, Successor or Fee State	A-1499
Location				
Unit Letter 0	330	Feet from The South	Line in 2318	Feet from The East
Line of Section 29	Township 18-South	Range 38-East	North, Lea	County

III. 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)					
Atlantic Pipeline Co.	Box 1190, Midland, Texas 79701					
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co.	Box 66, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is this well completed?	When
	P	29	18-S	38-E	Yes	6-13-58

If this production is commingled with that from any other lease or pool, give to each lease or pool number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Deepened	Plugged Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Casing Depth		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 necessary oil and volume of lost oil and must be equal to or exceed top allowable for this depth - see Rule 1104)

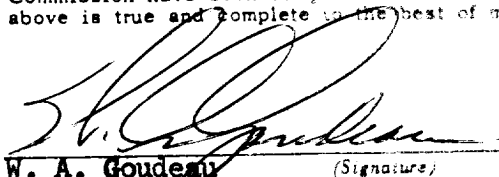
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Actual Prod. - 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