

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

Standard Oil Company of Texas a Division of Chevron Oil Company

Address
3610 Avenue B, Snyder, Texas 79549

Reason(s) for filing (Check proper box)

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

Other (Please explain)
PURSUANT TO THE POOL RULES THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A CASINGHEAD GAS CONNECTION OR AN AUTHORIZED EXCEPTION TO THE NO-FLARE RULE HAS BEEN OBTAINED BY 9/15/69

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 1	Well No. 5	Pool Name, Including Formation Hobbs (Drinkard)	Kind of Lease State, Federal or Fee State	Lease No. B-2277-1
Location Unit Letter 0 330 Feet From The South Line and 2218 Feet From The East Line of Section 29 Township 18S Range 38E , 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 29 Twp. 18S Rge. 38E	Is gas actually connected? No When When sold

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-10-69	Date Compl. Ready to Prod. 7-8-69	Total Depth 7025	P.B.T.D. 6970					
Elevations (DF, RKB, RT, GR, etc.) 3646 GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6569	Tubing Depth 6903					
Perforations 6922-30, 6712-18, 6648-50, 6656-66			Depth Casing Shoe 7022					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11 3/4"		364		370 to surface			
11"	8 5/8"		3808		300			
7 7/8"	6 5/8" - 5 1/2" Liner		3578-7022		530			
5 3/4"	2 3/8"		6903		---			

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 7-8-69	Date of Test 7-29-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 100 psi	Casing Pressure Packer	Choke Size 32/64"
Actual Prod. During Test 80 bbls.	Oil - Bbls. 80	Water - Bbls. 0	Gas - MCF 480

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.

B. Davidson *B. Davidson*
(Signature)
District Drilling Supervisor
(Title)
July 30, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED **SEP 3 1969**, 19____
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT**
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