

DEPARTMENT OF

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION 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)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Dry Gas

Casinghead Gas

Condensate

If change of ownership give name and address of previous owner

Chevron Oil Company, P. O. Box 1660, Midland, Texas 79701

I. DESCRIPTION OF WELL AND LEASE

Lease Name

State 4-27

Well No.

1

Pool Name, including Formation

Vacuum (Grayburg-San Andres)

Kind of Lease

State, Federal or Fee State

Lease No.

B-1840

Location

Unit Letter

K

1980

Feet From The

South

Line and

1980

Feet From The

West

Line of Section

27

Township

17-South

Range

35-East

NMPM,

Lea

County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Texas-New Mexico Pipeline Co.

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1510, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas

Phillips Petroleum Company

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

K

Sec.

27

Twp.

17-S

Rge.

35-E

Is gas actually connected?

yes

When

8-21-42

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

PLC 12

II. COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

III. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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

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

Lbbs. Condensate/MSCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

I. 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

Area Supervisor

March 2, 1977

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

Orig. Signed by

Jerry Saxton

Dist. 1, Super.

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 logs 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.

REMOVED  
10/11/11  
10/11/11