9.	Reason(s) for filing (Check proper box, New Wett Recompletion Change in Ownership X	REQUEST AUTHORIZATION TO TRA M COMPANY Teet, Odessa, Texas 792	of lease name been formerly: (hevr	Form C-104 Superseder Old C-104 and () Lifective 1-1-65 SAS der No. 5871 Change cause of Unitization. on-State 4-27 #3
If change of ownership give name and address of previous owner <u>Chevron USA Inc., P. O. Box 1660, Midland, Texas</u> 79702 II. DESCRIPTION OF WELL AND LEASE				79702
	Unit Tract No. 2739			
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line of Section 27 Township 17-S Range 35-E , NMPH, Lea				
 m.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Name of Authorized Transpoter of Oil 🕱 or Condensate 🗔 Texas-New Mexico Pipe Line Name of Authorized Transpoter of Casinghead Gas 🕵 or Dry Gas 📑 Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762 Is gas actually connected? When	
	it well produces oil or liquids, i child beet than inder inder inder the distributed of the liquids, i kill i child beet than inder inder the distributed of the liquids, i kill i child beet that i distributed of the liquids, i kill i child beet that i distributed of the liquids, i kill i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i child beet that i distributed of the liquids, i distributed of th			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen 'Plug Back Same Res'v.'Diff. Res'v.			
	Designate Type of Completio	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		<u> </u>	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or es able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas lif	t, etc.)
	Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	ОЦ-ВЫ.	Water - Bbis.	Gan - MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Longth of Test	Bble. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Bhut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION DEC 28 1978	
	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.		APPROVED, 19, Orig. Signed by BY Jerry Sexton	
			TITLE Dist 1, Supt.	
	(Signature) PRODUCTION CLERICAL SUPERVISOR (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 allow- able on new and recompleted wells.	
	[a - [- [8 (Dut	•)	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.	