

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)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☒ Casinghead Gas ☐

Other (Please explain)

If change of ownership give name and address of previous owner **Chevron Oil Company, P. O. Box 1660, Midland, Texas 79701**

1. DESCRIPTION OF WELL AND LEASE

Lease Name State 4-27	Well No. 7	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee State	Lease No. B-1840
Location Unit Letter K ; 1980 Feet From The South Line and 1780 Feet From The West Line of Section 27 Township 17-South Range 35-East , NMPM, Lea County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☒ or Dry Gas ☐ Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6886, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit K Soc. 27 Twp. 17-S Rge. 35-E Is gas actually connected? yes When 3-26-64

If this production is commingled with that from any other lease or pool, give commingling order number: **PLC 12**

7. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
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

7. 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	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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

8. 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
MAR 11 1977

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 daylight tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.