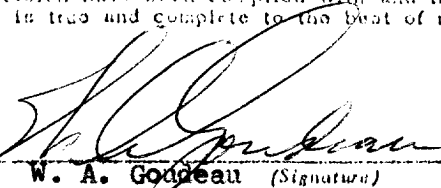


DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-101	
SANTA FE		REQUEST FOR ALLOWABLE		Superseding Old C-101 and C-110	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PROBATION OFFICE					
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	☐	Change in Transporter of:			
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☒	Casinghead Gas	☐	Condensate	☐
If change of ownership give name and address of previous owner					
Chevron Oil Company, P. O. Box 1660, Midland, Texas 79701					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
State 6-34	1	Vacuum (Grayburg-San Andres)	State, Federal or Fee State	B-1845	
Location					
Unit Letter	L	1980	Feet From The	South	Line and 660
		Feet From The		West	
Line of Section	34	Township	17-South	Range	35-East
		NMPM,		Lea	
				County	
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)			
Texas-New Mexico Pipeline Company		P. O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company		P. O. Box 6666, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? When
	K	27	17-S	35-E	yes 8-21-42
If this production is commingled with that from any other lease or pool, give commingling order number: PLC 12					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, CR, 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	
TEST DATA AND REQUEST FOR ALLOWABLE (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/MCF		Gravity of Condensate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION		
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____		
			BY _____ Orig. Signed by _____		
W. A. Gondeau (Signature)			Jerry Seaton		
Area Supervisor			Dist. 1, Sup.		
March 3, 1977			This form is to be filed in compliance with RULE 1104.		
(Data)			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.		