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

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

DESCRIPTION OF WELL AND LEASE				
Lease Name State 6-34	Well No. 3	Pool Name, including Formation Vacuum (Grayburg-San Andres)	Kind of Lease State, Federal or Fee State	Lease No. B-1845
Location				
Unit Letter M	330	Feet From The West	Line and 990	Feet From The South
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 ☐ Texas-New Mexico Pipeline Company		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		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

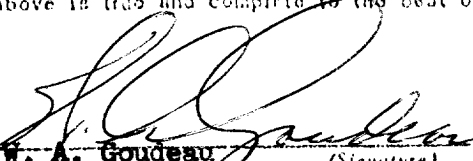
If this production is commingled with that from any other lease or pool, give commingling order number: **PLC 12**

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Enfl. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.D.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	Lbbs. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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. Goudeau Area Supervisor March 3, 1977	
(Signature)	(Title)
	(Date)

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY _____	Original Stamp
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 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.	