

DISTRIBUTION
 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
 Superseding 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 ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☒ Other (Please explain)

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 5-27** Well No. **6** Pool Name, including Formation **Vacuum Glorieta** Kind of Lease **State** Lease No. **B-1839**
 Location
 Unit Letter **E** **2310** Feet From The **North** Line and **330** Feet From The **West**
 Line of Section **27** Township **17-South** Range **35-East**, NMPM, **Lea** County

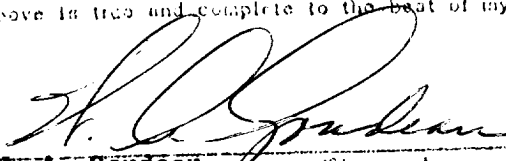
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company GPM Gas Corporation 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 **X** Sec. **27** Twp. **17-S** Rge. **35-E** Is gas actually connected? **yes** When **6-25-64**

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

V. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 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

VI. 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

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

OIL CONSERVATION COMMISSION
 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 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.