

DISTRIBUTION		
AMOUNT		
FILE		
DATE		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
REMARKS		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseding Old O-101 and O-110
Effective 1-1-65

Chevron U.S.A. Inc.

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter oil		Other (Please explain)	
Completion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☒	Casinghead Gas	☐	Condensate	☐

Change of ownership give name

Address of previous owner Gulf Oil Corp.

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Northwest Eumont Unit	166	Eumont Oil	State, Federal or Fee					
Unit Letter	L	990	Feet From The	WEST	Line and	1980	Feet From The	SOUTH
Line of Section	34	Township	19S	Range	36E	NMPM,	LEA	County

SIGNATURE 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)		
Shell				Box 1910, Midland, TX 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)		
Warren				Box 1589, Tulsa, OK 74100		
Well produces oil or liquids, and location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	Unknown

If production is commingled with that from any other lease or pool, give commingling order numbers:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res'v.	Fill. Res'v.
Spudded								
Drillings (DF, RKB, RT, CR, etc.)								
Locations								

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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flow 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 is true and complete to the best of my knowledge and belief.

M. W. Casey
(Signature)

DIVISION PRODUCTION ENGINEER

Dec. 17, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 20 1985

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 allowable or new and re-completed wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such changes of condition.

RECEIVED
DEC 18 1985
C.C.D. OFFICE
HOBBS