

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Chevron U.S.A. Inc.

Address
P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>EUNICE KING</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>PADDOCK</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location				
Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u>				
Line of Section <u>28</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>SHELL PIPELINE CORP</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910 MIDLAND TX 79701</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>WARREN PETROLEUM</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589 TULSA, OK 74100</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>YES</u> <u>UNKNOWN</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Elvin Allen for CLM
(Signature)
New Mexico Area Supt.
(Title)
3-14-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 17 1988, 19
BY JERRY SEARON
TITLE DEPUTY SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowables 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 allowables 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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 10-13-87	Date Compl. Ready to Prod. 10-19-87		Total Depth 6627		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3435	Name of Producing Formation PADDOCK		Top Oil/Gas Pay		Tubing Depth				
Perforations 5057-59', 5064-66', 5070-72', 5094-96', 5104-06', 5119-21', 5142-44', 5162-64', 5172-74', 5186-88', 5203-05', 5234-36', 5246-48', 5256-58'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	13 5/8"		300'		300 SX CIRC SUEF				
	9 5/8"		2850'		1300 SX " "				
	7"		6470'		700 SX " "				

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 10-19-87	Date of Test 3-9-88	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 HRS	Tubing Pressure 34	Casing Pressure 34	Choke Size 2" WD
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 20	Gas - MCF 79

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Flowing Method (pilot, back pr.)	Tubing Pressure (Gauge-22)	Casing Pressure (Gauge-22)	Choke Size

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