

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
Supersedes Old C-104 and C-1
Effective 1-1-67

Chevron U.S.A. Inc.
Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: ☐	Request Temporary Permission to Surface Commingle of Lease Kelly 4 Seeps 45 days	
Incompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐		
Change of ownership give name and address of previous owner			

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
W.T. McCrack	11	McCrack Silurian	State, Federal or Fee
Location	Lease No.		
Unit Letter	Feet From The		
A	554 North Line and 554 East		
Line of Section	Township	Range	County
32	21S	37E	Lea

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)		
Shell Pipeline	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 Petroleum	Box 1589, Tulsa OK 74100		
Is well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.
	A	32	21S
			37E
Is gas actually connected?	When		
yes	Unknown		

this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Locations (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 found oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Site 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
Initial Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL			
Initial Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Sealing Method (pilot, 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.

R.D. Pite
(Signature)
DIV. PETR. ENGINEER
(Title)
10-15-85
(Date)

OIL CONSERVATION COMMISSION

OCT 18 1985

APPROVED _____, 19____

BY ORIGINAL SIGNATURE
DISTRICT 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 on 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 change of conditions.

RECEIVED
OCT 17 1985
OCCUPANCE
HOBBS OFFICE