#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE		1	
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LAND OFFICE		1	
TRANSPORTER	OIL		
	GAB		
OPERATOR			
PROBATION OF	-	1	

I.

### 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

Operator					يني المقادلين بين القريفين في الم			
Rickey Smith	and Mayo N	arrs	•	<u>.</u>				
Address								
P. 0. Box 863		Texas	79745		•			
Reoson(s) for filing (Check proper box	)				Other (Please	t explain)		
New Well	Change in	Transporter	ot:					-
Recompletion				ry Gas		hip change eff	ective	
X Change in Ownership		nead Gas	Ē,	Condensate	Octobe	r 1, 1987		
					L			
If change of ownership give name and address of previous owner	Chevron U	.S.A. I	nc., P	<u>. 0. Bo</u> :	<u>x_670, но</u>	bbs, NM 88240		
II. DESCRIPTION OF WELL AND	D LEASE							
Lease Name		Pool Name,	Including F	ormation		Kind of Lease		Legas No.
Jalmat Field Yates Sand	un ///	Talmat		1-5	£	State, Federal or Fee	<b></b>	
Location		ournae_	/		<u>.</u>		State	E-8322
Unit Lotter <u>F</u> : 198	F #1 From	The 270	9th L	ne and	650	_ Feet From The	OEST	
Line of Section // Tow	mehip 22	5	Range 🔪	35E	, NMPM	· · · · · · · · · · · · · · · · · · ·	Lea	County
IIL. DESIGNATION OF TRANSF								
Name of Authorized Transporter of Oil	C or Col	idensats [	)	Address (	Give address t	o which approved copy a	of this form is so	be sent)
Water Injector								
Name of Authorized Transporter of Cas	inghead Gas 🛄	or Dry G	as 🗍	Address (	Give address s	o which approved copy o	of this form is to	be sentj
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	ls gas act	ually connecte	d? When		
If this production is commingled wit	h that from any	other less	e or pool,	give comm	ingling 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.

(Signature) (Tile)

(Date)

OIL	CONSERVAT	ION DIVISION	
APPROVED			19
BY	i.	ie Millipper	¥-
TITI 6			277

This form is to be filed in compliance with RULE 1104.

If this is a request for sllowable 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, end 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.

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# IV. COMPLETION DATA

Designate Type of Completi	on $-(X)$	i Gas Well i i	New Well	Workover	Deepen	Flug Back	Same Res'v.	Diff. Res'y.
Date Spuddod	Date Compl. Ready to P	rod.	Total Dept	h	<u>i,</u>	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Elevations (DF, RKB, RT, GR, ctc.)	Name of Producing Form	nation	Top Oil/Go	is Pay		Tubing Dep	th	
Perforations		·····				Depth Castr	ng Shoe	
	TUBING,	CASING, AN	DCEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBI	NG SIZE		DEPTH SE	т	S.A	CKS CEMEN	чт Т
				······				
						-		
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (7	Test must be a able for this d	epth or he for	of total valum full 24 hours;	ne of load oil	l und must be ei	qual to or exce	red top allow-
Date First New Off Run To Tanks	Dale of Test		Producing )	Aathod (Flow,	pump, sas i	if , esc.)		
Length of Test	Tubing Pressure	· · · · · · · · · · · · · · · · · · ·	Casing Pres	BULO	· · · · · · · · · · · · · · · · · · ·	Choke Size	- *	
Actual Prod. During Test	Oil-Bbis.		Water - Bblo	 •		Gas - MCF		

## GAS WELL

Actual Prod. Teet-MCF/D	Longth of Test	Bbla. Condensate/MMCF	Gravity of Condeneate
Testing Method (pitos, back pr.)	Tubing Pressure (Lint-18)	Casing Pressure (Sbut-10)	Choke Size
· ••••••••••••••••••••••••••••••••••••			

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X.,			,		• ;	•
TATE OF NEW MEXICO		•				
ENERGY AND MINERALS DEPARTMENT				· <b>-</b>	Form C-104	
				· <b>-</b> -	Revised 10-01 Format 06-01	
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VILLE SANT	A FE, NEW		0 87501			•••
					•	· · · · · · · · · · · · · · · · · · ·
TRANSPORTER GAS	ECUEST FOR	ALLOWA	BLE			
PROMATION OFFICE	AA				· · · · · · · · · · · · · · · · · · ·	
I. AUTHORIZATION	N TU TRANSP	ORI OIL	AND NATURAL (	383		
Operator						
CHEVRON U.S.A. INC.						
P. O. Box 670, Hobbs, NM 88240						1999 B. B.
Reoson(s) for filing (Check proper box)		10	Other (Please expla	in/		· · · ·
New Well Change in Transpor		y Gas	Name Chang	e Effectiv	e 7 <b>-1-</b> 85	in the second
X Change in Ownership Casinghead Ga		indensate				•
		i				••••
If change of ownership give name Gulf Oil Corp. and address of previous owner Gulf Oil Corp.	, P. O. Bo	ox 670,	Hobbs, NM	88240		· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WELL AND LEASE						
<b>H.</b> DESCRIPTION OF WELL MADELING						
Lease Name / / / / / / / Well No.   Pool Nan	ne, including Fo	produce	Kind	of Lease		Lease /
Salmat Field ystes find 110 Jac	including Fo	ormation		Foderal or Foo	E-8244	Loase
Locarion Fuld Jates Jund 110 Jac	Including Fo		State,		E-8244	Locee
filmat field yster find 110 Jan	no, including Fo lmat hotthein		State,		E-8244 ust	
Delmat Field yster find 110 Jac Location The 1980	no, including Fo Imat Nottheine Range		State,	Foderal or Foo	E-8244 at	Lease
Unit Letter <u>F</u> : <u>1980</u> Feel From The <u>Line of Section</u> <u>Line of S</u>	Inat <u>hotth</u> eine Range	ans _/4 35 E	50 Fee	Foderal or Foo	E-8244 ust	
Unit Letter <u>F</u> : <u>1980</u> Feel From The <u>Line of Section</u> <u>Line of S</u>	<u>hotth</u> eine <u>Range</u> D NATURAL	and <u>/4</u> 35 <u>E</u> GAS	50 , NMPM,	Federal or Fee	E-8244 Cet	Cour
Unit Letter ind 110 Que Location Unit Letter : /980 Feel From The Line al Section // Township 225 III. DESIGNATION OF TRANSPORTER OF OIL ANI Name of Authorized Transporter al Cil or Condenacte //)/	<u>hotth</u> eine <u>Range</u> D NATURAL	and <u>/4</u> 35 <u>E</u> GAS	50 Fee	Federal or Fee	E-8244 (est) 1 thus form to t	Cour
Unit Letter Location Location Location Line of Section // Township 225	<u>hotth</u> eine <u>Range</u> D NATURAL	and/4 35 E GAS  ^2a:==== (G	50 , NMPM,	Federal or Fee		Cour Cour o be sentj o be sentj
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Dalmat full full full full Jalmat full full full   Unit Letter Feet From The   Unit Letter Feet From The   Line of Section Township   BII. DESIGNATION OF TRANSPORTER OF OIL AND   Name of Authorized Transporter of Castaghead Cas or Condenacte   Mame of Authorized Transporter of Castaghead Cas or Dr   If well produces oil or liquids, Unit   If this production is commingled with that from any other liquids   NOTE: Complete Parts IV and V on reverse side if ne	Inat <u>hotth</u> eine Range D NATURAL P. Rge. esse or pool, g	GAS Address (G Is gas actu	State State State Fee NMPM, ive address so whice ive address so whice ally connected? ngling order numb	Federal or Fee ( From The A A approved copy of A approved copy of When 1 er:	of this form is t	Cour Cour o be sentj o be sentj
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