STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

]	
DISTRIBUTION			
SANTA PE			
FILE			
U.S.O.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAB		
OPERATOR			
BRODATION OFFICE			

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS					
Coperator Rickey Smith and Mayo Marrs C.						
Address						
P. O. Box 863, Kermit, Texas 79745						
Revson(s) for filing (Check proper box)	Other (Please explain)					
New Well Change in Transporter of:	Ownership change effective					
	October 1, 1987					
X Change in Ownership						
If change of ownership give name and address of previous owner Chevron U.S.A. Inc., P.	O. Box 670, Hobbs, NM 88240					
and endress of previous owner						
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including For	ormation Kind of Lease No.					
Jalmat Field Yates Sand Un / 6 Jalmat J	/ State E-8322					
1900 - 7 10sth.	2310					
Unit Letter : 110 Feet From The 170 CALIN	e and Feet From the					
Line of Section // Township 225 Range	35E , NMPM, Lea County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil or Condensate	Address (Give autress to which approved copy of this form is to be sent)					
Mana of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
Unit Sec. Twp. Rge.	Is gas actually connected? When					
If well produces oil or liquids, give location of tanks.	I					
If this production is commingled with that from any other lesse or pool,	give commingling order number:					
NOTE: Complete Parts IV and V on reverse side if necessary.						
NOTE. Complete I als IV and V on levelse state if necessary.	II CU COMOSEMATICA COMO COMO					
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 19					
been complied with and that the information given is true and complete to the best of	By Eddie W. Serry					
my knowledge and belief.	Oil & Gas Inspector					
	TITLE Off & Gas Hispector					
This form is to be filed in compliance with RULE 1						
Nicke Spith	If this is a request for allowable for a newly drilled or despense					
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
purver (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
10-1-87	Fill out only Sections I. II. III, and VI for changes of owner,					
(Date)	well name or number, or transporter, or other such change of condition.					

IV. COMPLETION DATA									
Designate Type of Complet	ion - (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res
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		***************************************		1			Depth Casti	ng Shoe	
		TUBING,	CASING, AN	D CEMENTI	HG RECORE)			
HOLE SIZE				DEPTH SET			SACKS CEMENT		
									
				 -			-		
				 					 -
V. TEST DATA AND REQUEST OIL WELL	TOR ALLO	WABLE (Test must be a able for this de	fier recovery	of total volum full 24 hours	e of load of	and must be es	qual to or exce	ed top allo
Date First New Oil Run To Tanks	Date of Tes		· · · · · · · · · · · · · · · · · · ·	Producing Method (Flow, pump, gar i ft. etc.)		· · · · · · · · · · · · · · · · · · ·			
Length of Test	Tubing Pres	swo.		Casing Pres	swe		Choke Size		
Actual Prod. During Test	Oll-Bbis.			Water - Bble			Gan-MCF		
GÁS WELL				<u> </u>			1	 -	
Actual Prod. Test-MCF/D	Length of T			Bhis Coods	nsqte/MMCF		To-11		
				-2.2. Colds	aray mmCr		Gravity of C	ondenedie	
Teeting Method (pitot, back pr.)	Tubing Pres	owe (Mat-	ia)	Casing Pres	eme (Bp46-	(a)	Choke Size	-	

•	• •	•
STATE OF NEW MEXICO	•	-
ENERGY AND MINERALS DEPARTMENT	<u>.</u>	
• •• •• corne eletiste	Form C-104 Revised 10	
SANTAPE OIL CONSERV	ATION DIVISION . Format 06-	
•	Page 1	
U.S.O.S. SANTA FE, NE	EW MEXICO 87501	
LAHO OFFICE		
TRANSPORTER OIL DAS	in the second se	
OPERATOR REQUEST F	OR ALLOWABLE	
PROMATION OFFICE ALITHODIZATION TO TO A	AND	Talifor Tayor in promote the transfer of the t
A.	ISPORT OIL AND NATURAL GAS	ा सर्वे हर्लाई
Operator		
CHEVRON U.S.A. INC.		
Address		
P. O. Box 670, Hobbs, NM 88240		ીને કે વર્ષ પ્રોત્સનો કે _ક
Reason(s) for filing (Check proper box)	Other (Please explain)	···
New Well Change in Transporter of:	None Ol 1966	
Recompletion CII	Dry Gca Name Change Effective 7-1-85	
X Change in Ownership Castnighead Gas	Condensate	
Michael of annual in aire and		<u> </u>
If change of ownership give name Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240	
	3, 342 002 10	
II. DESCRIPTION OF WELL AND LEASE		5. 4
Lease Name Well No. Pool Name, including	Formation Kind of Lease	Lease No.
Minal tilla gales sud 109 Jalmat	State Federal or Fee E-824:	4
1 Cocation White		<u> </u>
Unit Letter G: 1980 Feet From The 10th	ine and _ 23/0 Feet From The East	
11 000		
Line of Section / Township Ad Range	35E, NMPM, LOQ,	County
THE DESCRIPTION OF THE PROPERTY OF THE PROPERT		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS	
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is	to be sent)
// /		· Principal Principal
Name of Authorized Transporter of Castaghed Gas or Dry Gas	Address (Give address to which approved copy of this form is	to be sent)
		- Marine Alfr
If well produces oil or liquids, Unit Sec. Twp. Rqs.	Is gas actually connected? When	- major to recompany
give location of tanks.		
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.		<u>·</u>
ttore. Complete runs is una v on reverse side if necessary.	•	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
		
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	APPROVED	••
my knowledge and belief.	BY PARLY JOY	19
•	TITLE DISTRICT 1 SUPERVISOR	••
$(V \cap C)^{2}$		
U.L. Vite	This form is to be filed in compliance with RULE	1104.
(Signature)	If this is a request for allowable for a newly drills well, this form must be accompanied by a tabulation of tests taken on the well in accordance with any	d or deepened
Area Engineer	tests taken on the well in accordance with RULE 111	t the deviation
(Tista)	All sections of this fame as he dut a	•

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.

Separate Forms C-104 must be filed for each pool in multiply

(Title)

(Date)

5-31-85