

NEW MEXICO OIL CONSERVATION COMMISSION	
REQUEST FOR ALLOWABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Form C-101	
Supersedes Old C-101 and C-1	
Effective 1-1-65	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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REQUEST FOR ALLOWABLE
AND
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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 oil	
Completion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

change of ownership give name and address of previous owner Gulf Oil Corp.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bill Ramsey (WTA)	3358	Emmett	State, Federal or Fee	
Location	Unit Letter	Feet From The	Line and	Feet From The
	L	330	South	1060 West
Line of Section	4	Township	21S	Range
				36E
				NMPM, Sea
				County

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)
None		
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Northwestern Natural		Star Rt. A, Box 338, Hobbs NM 88240
Well produces oil or liquids, give location of tanks.	Unit	Sec.
		Twp.
		Rge.
		Is gas actually connected?
		When
		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	Workover	Deepen	Plug Back	Same Restv.	Fill. Restv.
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Drillations			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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL,

Initial Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Setting Method (plug, 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.

MW Casey
(Signature)
DIVISION PRODUCTION ENGINEER
(Title)
Dec. 17, 1985
(Date)

OIL CONSERVATION COMMISSION

DEC 20 1985

APPROVED _____, 19____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 condition.

RECEIVED

DEC 18 1985

Q.C.D.
HOLDS OFFICE