



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

GARREY CARRUTHERS
GOVERNOR

September 11, 1989

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393 6161

Amoco Production Company
Attn: Blake Steel (Room 20.180)
Box 3092
Houston, TX 77253

Chevron USA Inc. Attn: Al Bohling
Box 670
Hobbs, NM 88240

Oryx Energy Inc.
Attn: Don Aldredge
Box 1861
Midland, TX 79702

The Wiser Oil Company Attn: New Mexico Production Supervisor
700 Petroleum Building
Wichita Falls, TX 76301

SUBJECT: RECLASSIFICATION OF OIL CENTER GLORIETA GAS POOL

Gentlemen:

The Oil Center Glorieta Gas Pool presently has 5 wells producing from the correlative zone in the Glorieta. Four of these wells are classified as oil wells with only one well classified as a gas well.

If there are no objections received by the Hobbs District Office by September 20, 1989, the Oil Center Glorieta Gas Pool will be placed on the Nomenclature hearing scheduled for October 18, 1989, for reclassification from a gas pool to an oil pool.

If operators have any recommendations for a GOR limit other than the standard 2000 / .1 they may submit a recommendation in writing to the Hobbs District office prior to September 20, 1989.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

JS/PK/ed

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CHEVRON U.S.A. INC.	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Name Change Effective 7-1-85

If change of ownership give name and address of previous owner **Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name R.R. Bell (NCT-E) Perm	Well No. 3	Pool Name, including Formation Oil Center Sherieta	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C : 660 Feet From The North Line and 1650 Feet From The West Line of Section 11 Township 21S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, OK 74100
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	yes Unknown

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.

R.D. Pate
(Signature)

Area Engineer

(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG - 6 1985**, 19

BY **James A. Taylor**
TITLE **DISTRICT 1 SUPERVISOR**

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 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.

RECEIVED

JUL 30 1985

OFFICE
HONORARY OFFICE