

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-11-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Chevron U. S. A. Inc.

Address

P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of:

☒ Re-completion ☐ Oil ☐ Dry Gas

☐ Change in ownership ☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
W. M. Rinewalt	2	Blinbry	State, Federal or Fee Fee	
Location				
Unit Letter	E	1874	Feet From The North	Line and 750
Line of Section	4	Township	22S	Range 37E, NMPM, Lea County

III. 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)
Permian Corp. Permian (Eff. 9/1/87)	Box 1183, Houston, TX
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 Corp.	Box 1589, Tulsa, OK 74100
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
E 4 22S 37E	Yes 8/27/74

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-618

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.

Bill Casey
(Signature)
Division Proration Engineer
(Title)
6/25/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 1 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 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.

DATE COMPLETION DATA

Designate Type of Completion - (X)					
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
Orin Encased	Date Comp. Ready to Prod.	Total Depth	P.S.T.D.	see original comp.	
Equivalent ID, R.A.S., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Particulars Blinybry 5746--5867					
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
See original completion					
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL					
(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)					
Date First New Oil Run To Tests	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls. Water-Bbls.	GGS-MCF			
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (Prod. back prod.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size		

County

11

GAS

10

Ref	
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MC

[illegible]

Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Division in accordance with Rule 331 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

D. R. Pennington
Well Chatan
(Signature)

Well Thar

(Signature)