

DEPARTMENT		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-101 and C-1
Effective 1-1-65

Chevron U.S.A. Inc.
Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change In Transporter of:	
Recompletion	☐	Oil	☒
Change In Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Kind of Lease	Lease No.
Gutman	1	Blinbury Gas	State, Federal (or Fee)	

Location

Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West

Line of Section 19 Township 22S Range 38E NMPN, Lee 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)
Warren Petroleum Northern Natural Gas Co.	Box 1589, Omaha, NE 68101 Box 308, Omaha, Nebraska 68101

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
				Yes	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	Shut-in	Test, Re-test

Date Spudded	Date Comp. Ready to Prod.	Test Depth	P.D.T.D.
Locations (DF, RSD, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE H. WELL (Test must be after recovery of total volume of test oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

1st 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
Initial 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
Testing Method (flow, 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 above is true and complete to the best of my knowledge and belief.

John H. Llewellyn
(Signature)
JOV DIV PETR ENGINEER
(Title)
9-12-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 16 1985, 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 production 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.

RECEIVED

SEP 18 1995

REC'D - 10/1/95