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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROVATION OFFICE	
operator	

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

Form C-104
Supersedes Old C-101 and C-11
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: Oil ☐ Dry Gas ☐
Completion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒

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

DESCRIPTION OF WELL AND LEASE
Lease Name Niggin Well No. 1 Pool Name, including Formation Blinchery Kind of Lease State, Federal or Fee Lease No.
Location Unit Letter J 1980 Feet From The South Line and 1980 Feet From The East
Line of Section 29 Township 22S Range 38E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil TA or Condensate 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)
Well produces oil or liquids, or location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When

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 Sore Res'v. Eff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Productions (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Information 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
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

IS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/ASMCF Gravity of Condensate
Casing Method (pilot, 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.
Signature M. Casey
DIVISION PRODUCTION ENGINEER
Dec. 17, 1985
OIL CONSERVATION COMMISSION
APPROVED DEC 20 1985, 19
BY ORIGINAL SIGNED BY JERRY SIXTON
TITLE DISTRICT I 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.

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DEC 18 1985
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HOBBS OFFICE