

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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:	Other (Please explain)
☒ Recompletion	☐ Oil ☐ Dry Gas	
☐ Change in Ownership	☐ Casinghead Gas ☐ Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vivian	Well No. 8	Pool Name, including formation Brunson S. Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>D</u> : <u>510</u> Feet From The <u>North</u> Line and <u>430</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>22S</u> Range <u>38E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas - NM Pipeline	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Pet.	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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.

L. M. Martin
(Signature)
NM Area Supt
(Title)
2-9-87
(Date)

OIL CONSERVATION DIVISION

APPROVED Feb 27 1987, 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.
		X			X		X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
5/16/74	1/4/87		7324		7017				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3320' GL	Brunson S. Abo		6469		6913				
Perforations				Depth Casing Shoe					
6469 - 6914 (36 holes)				7324					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
No New Casing				6913					
		2 3/8							

V. 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1/4/87	1-28-87	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	310	0	20/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	2	1	945

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

RECEIVED
 FEB 10 1987
 OGD
 HOBBS OFFICE