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STATE OF NEW MEXICO				\backslash
ENERGY MO MINERALS DEPART			·•	Form C-104
				Revised 10-01-78 Format 06-01-83
DISTRIBUTION BANTA PE		ATION DIVISIO	ON N	Page 1
FILE U.S.G.S.		30x 2088 Ew MEXICO 87501		•
LAND OFFICE	2 a a b b b c b c c c c c c c c c c			
TRANSPORTER OIL	RECUEST E	OR ALLOWABLE	-	
PROBATION OFFICE	A READEST I	AND	•	and the strength staff
	AUTHORIZATION TO TRAN	SPORT OIL AND NATU	URAL GAS	1.5 2.40
Operator	· · · · · · · · · · · · · · · · · · ·			
CHEVRON U.S.A. INC	· · · · · · · · · · · · · · · · · · ·			<u>-</u>
Address				1242
P. O. Box 670. Hot Reason(s) for filing (Check prope	ubs. NM 88240	Other (Pleas	se esplaint	
New Well	Change In Transporter of:			7 1 95
Recompletion		Dry Gas	Change Effective	/-1-0)
Change in Ownership	Casinghead Gas	Condensate		
If change of ownership give na		Box 670 Hobbo	NM 88240	•••
and address of previous owner		Dex 070, nobbs,	MH 00240	
II. DESCRIPTION OF WELL				
Lease Name	Well No. Pool Name, including		Kind of Lease	Lease
INI ('haistmas i	(N/T./1) (5) (5)		Store Federal or Fee	
A.L. Christmas	(NCT-C) 15 Blinet	bry	State, Federal or Fee	ee "
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RECEIVED JUL 30 1985 C.C.D. HOBES OFFICE

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:11	STATE OF NEW MEXICO HGY AND MINEBALS DEPARTMENT	OIL CONSERVA		DIVISI	- ON	Form C-1 Revised	
	DISTRIBUTION	Ρ. Ο. ΠΟ SANTA ΕΕ, ΝΕν		CO 87501			
	P 1L 0						
	LAND OFFILE	REQUEST FOI	_	ABLE			
1.	AND QUERATON AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	Gulf Oil Corporation						
	Address						
	P. O. Box 670, Hobbs, Feeson(s) for filing (Check proper box			Other (Plea	se explainj		
	New Well	Change in Transporter el:		Chang	e in Name	of Transporter	
	Recompletion	Cil X Dry Ga Casinghead Gas Conder	23		Effective	•	
	L			1		······	
	Il change of ownership give name and address of previous owner						
П.	DESCRIPTION OF WELL AND	LEASE					
	A. L. Christmas (NCT-C)	Well No. Fool Name, Including F 15 Blinebry	R - Jt	7248 E8	Kind of Leas State, Federa		Ledae N
	Location						
	Unit Letter L ; 198	0 Feet From The South Lin	ie and	710	Feet From '	TheWest	
	Line of Section 18 To	mahip 22S Range	<u>3</u> 7E	, NMF	м, Lea	1	Coun
	L						
11.	DESIGNATION OF TRANSPOR	IER OF OIL AND NATURAL GA	Aidress	(Give addres.	to which appro	ved copy of this form is	to be sent)
	Getty Trading & Transp	ortation Co.	Box	1142. Mi	dland, TX	79701	to be reall
	Hame of Authorized Transporter of Car Warren Petroleum Co.	singhead Gas 🎦 🛛 or Dry Gas 🦳	Address (Give address to which approved Box 1589, Tulsa, OK 7			74100	to be senty
	If well produces all or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 18 22S 37E		Yes		en 10-27-77	
		th that from any other lease or pool,	give com	ningling ord	er number:		
•	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back Same Re	s'v. Ditt. Re
	Designate Type of Completic	Date Compl. Ready to Prod.	Total De	 pth	• • • • • • • • • • • • • • • • • • •	P.B.T.D.	
	Lievations (DF, RKB, RT, GR, etc.)	"ame of Producing Formation	Top Oil/	Gas Pay		Tubing Depth	÷
	Perforations	<u> </u>	1		<u> </u>	Depth Casing Shoe	
	TUBING, CASING, AN			TING PECO	PD	<u> </u>	
	HOLE SIZE	CASING & TUBING SIZE	CEMER	DEPTH		SACKS CE	MENT
			1			1	<u></u>
Υ.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fler recover pth or be fi	ry of total vo or full 24 hou	ume of load oil rs)	and must be equal to or	exceed top a
	Dute First New Oil Run To Tanks	Date of Test	Producing	g Method (Fla	w, pump, gas li	(t, etc.)	
	Length of Test	Tubing Pressure	Casing P	7088UZ0	·	Choke Size	<u></u>
	Actual Prod. During Test	Oil-Bbla.	Water - Bt			Ga s +MCF	
	L	L	L			J	
,	GAS WELL	Length of Test	Hble Co	ndensate/3.94	75	Gravity of Condensate	
	Actual Frod. Tool - MCF/D	Length bi jest					
	Jesting Method (pilot, back pr.)	Tubing Presewe (Shut-La)	Casing P	tessure (Shu	t-in)	Choke Size	
:.	CERTIFICATE OF COMPLIANC	CE		OIL (10N DIVISION 8 1983	
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPRO	OVED		and the second se	. 19
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Toucol a automation (Signature) Area Engineer			ORIGINAL SIGNED BY				
			TITLE			AS INSPECTO) R
			Т	in form in t	o be filed in a	compliance with AUL	E 1104.
			If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia- tests taken on the well in accordance with AULE 111.				
			leate t	aken on the Lasctions o	well in account of this form mu	dance with MULK 11 at be filled out compl	1.
•	(7.0		able or	n new end r	ecompleted we	ills. 1 111 and VI for cha	nues of own
	<u> 1-26-83</u> (Da		well ne	me or numb	er, or transport	er, or other such chen	Re of County
				parate Form Led wella,	ns C-104 mus	t be filed for each p	ool IV WALL
		•					





STATE OF NEW MEXICO PERTY AND MICHAELS DEPARTMENT		ATION DIVISION	Form C-104 Revised 10-1-78			
DILL PURALLION		OX 2088				
8 A H F A P C	SANTA FE, NE	W MEXICO 87501				
u b ().b,						
TRANSPORTER		OR ALLOWABLE AND				
GAN GAUMATUM OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Gulf Oil <u>Ccr</u>	poration					
Address	poración					
	0, Hobbs, NM 88240	Other (l'Irase esplain)				
Reason(s) for filing (Check proper New Well	Change in Transporter of:	Omer frirase espioiny				
Recompletion			ary Permission to Comming			
Change in Ownership	Couldnet Gas Cond	lensate [] WITH LUDD & Jr	inkard at Tank Battery			
If change of ownership give nam	e					
and address of previous owner _						
LEGER NUM	DIFASE	Formation Kind of Le				
A. L. Christmas (NCT-		State Cede				
Location						
Unit Letter L : 1	980 Feet From The South L	ine and <u>710</u> Feet Free	m The West			
Line of Section 18	Township 22S Range	37E NEPH Les	a County			
			1			
- DESIGNATION OF TRANSPO Nome of Authorized Transporter of	CILING or Condensate	AS Address (Give address to unich app	roved copy of this form is to be sent)			
Western Crud		Box 1142, Midland, T				
Name of Authorized Transporter of		Adaress (Give address to which app	roved copy of this form is to be sent)			
Warren Petro		Box 1589, Tulsa, OK	74100			
Il well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		Unknown			
	with that from any other lease or pool	l, give commingling order number:				
Designate Type of Comple		New Wein Workover Deepen	Plug Back Same Resty, DHL Rest			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Elorations (DF, RKB RT, GR. etc	., Name of Producing Formation	Top Cil/Gas Flay	Tubing Depth			
			Depth Casing Shoe			
Perforations Depth Casing Shoe						
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
·						
. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this c	septh of be for juli 24 hours)				
Date First New Off Run To Tonks	Ecte of Teal	Producing Method (Fiew, pump, gas	lijt, etc.)			
Length of Test	Tubing Proseure	Casing Pressure	Choxe Size			
Length of Test						
Actual Pred. During Test	C11- 251.	Waler-Bbis,	Gat - MCF			
GAS WELL						
Actual Fred. 7 MEE/D	Longin of Tool	Bbis. Condensate AndCF	Gravily of Condensale			
Teeling Method (pilot, back pr.)	Tubing Pressue (Shut-in)	Coming Pressure (Shut-in)	Chore Size			
. CERTIFICATE OF COMPLIA	INCE	OIL CONSERV	1983			
	d constantions of the Oil Conternation		1903			
thisision have been complied w	nd regulations of the Oil Conservation ith and that the information given					
above is true and complete to	the best of my knowledge and belief.	EDDIE W. St	AY			
\sim	-	TITLE				
$() \cap \cap$) +		a compliance with RULE 1104. owatte for a newly drilled or deepend			
1 - the states	<u>chi</u>	· [] · · · · · · · · · · · · · · · · · ·	CURVES DA M CHOULECION OF HIS.			
Area En		teste taken on tie well in acc Atl anctions of this form r	nust be filled out completely for allow			
	(Tiele)	able on new and recompleted	while the shankes of owne.			
1-21-	-8 <u>3</u> (Dui•)	Fill out only Sections 1, well name or number, or transpo	II, III, and VI for changes of owns- outer, or other such change of condition on the such change of condition			
	1 -	Separate Forma C-104 mi condition wella.	ust be filed for each pool in multipl			