

DISTRICT	
AREA	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-11
Effective 4-1-65

Chevron U.S.A. Inc.

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Completion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Drinkard (NCT-B)	8	Tubb	State, Federal or Fee Fee	

Section	Unit Letter	Year	Feet From The	Line and	Feet From The	County
	N	1980	West	810	South	
Line of Section	30	Township	22S	Range	38E	County
				NMCM	Lea	

SIGNATURE 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)
Texas New Mexico Pipeline CO	Box 2528 Hobbs, NM 88240
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

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	30	32	38	Yes	12-18-1985

his 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	Surge Resist.	Full Resist.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
10-24-1985	11-25-1985	6325	6301					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3333.7 GL	Tubb	5886	5837					
Productions	Depth Casing Shoe							
5886-6274	6325							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	10 3/4	1191	775
9 1/2	7	6325	1725
	2 3/8	5837	

TEST DATA AND REQUEST FOR ALLOWABLE
1. 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-25-1985	12-20-1985	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs	50	Producing Under Packer	32/64
Actual Prod. During Test	Oil - Bbls.	Water - bbls.	Gas - MCF
66	26	40	251

2. WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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 is true and complete to the best of my knowledge and belief.

P. H. Bailey Jr.

(Signature)

Division Drilling Manager

(Title)

12-24-1985

(Date)

OIL CONSERVATION COMMISSION

DEC 30 1985

APPROVED _____, 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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowance on new and re-completed 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
DEC 27 1985
C.C.P.
HOBBS OFFICE