STATE OF NEW MEXICO
ERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)
X Recompletion	Oil ☐ Dry Gas ☐	
Change in Ownership	Casinghead Gas ☐ Condensate ☐	

If 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.
Lea "ACL" State	1	Blinebry	State, Federal or Fee State	

Unit Letter B : 600 Feet From The North Line and 2080 Feet From The East

Line of Section 36 Township 22S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Co.	P.O. Box 1558, Breckenridge, Tx 76024
Name of Authorized Transporter of Casinghead Gas X or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P.O. Box 1589 Tulsa OK 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	36	22S	37E	yes	6-17-87

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.*

CERTIFICATE OF COMPLIANCE

I 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.

(Signature)
Area Supt.
(Title)
8-21-87
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 2 1987, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
						X		

te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-29-87	8-2-87	7627	5850

vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3307.4	Blinebry		

forations 1JHPF 4" guns, 14 holes, 5592, 5600, 5608, 5638, 5642, 5650, 5656, 5662, 5669, 5705, 5719, 5724, 5793, 5818

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1200	750 sx CL "C" Circ surf
7 7/8	5 1/2	7617	1200 sx CL "C"
			2nd Stage 1700 sx CL "C"
			2550 sx CL "C"

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)

OIL WELL

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-15-87	8-20-87	pump	
gth of Test	Tubing Pressure	Casing Pressure	Choke Size
24	26	26	2" wo
al Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	16	28	67

GAS WELL

al Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ng Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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