

NO. OF COPIES RECEIVED

DISTRIBUTION

CARRIER

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

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-110

Effective 1-1-65

1. Operator

Chevron U.S.A. Inc.

Address

P. O. Box 1660, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

Chevron Oil Company, P. O. Box 1660, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name

State 32

Well No.

1

Pool Name, including Formation

Stateline (Ellenburger)

Kind of Lease

State, Federal or Fee

State

Lease No.

A-2614

Location

Unit Letter

N

Feet From The

660

South

Line and

1980

Feet From The

West

Line of Section

32

Township

23-South

Range

38-East

NMPM,

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Shell Pipeline Corporation

Name of Authorized Transporter of Casinghead Gas

Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1910, Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 6666, Odessa, Texas 79760

If well produces oil or liquid, give location of tanks.

Unit

B

Sec.

5

Twp.

24-S

Rge.

38-E

Is gas actually connected?

Yes

When

5-11-66

If this production is commingled with that from any other lease or pool, give commingling order number:

CTB 151

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Restv.

Drill. Restv.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.D.T.D.

Elevations (DF, K&B, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Testing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Testing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (Test, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. 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 above is true and complete to the best of my knowledge and belief.

W. A. Goudeau

Area Supervisor

March 2, 1977

OIL CONSERVATION COMMISSION

APPROVED

BY

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 deviated tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.