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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

U. C. C.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOV 29 10 14 AM '65

I. Operator **Standard Oil Company of Texas**
A Division of Chevron Oil Co.

Address **3610 Avenue S - Snyder, Texas**

Reason(s) for filing (Check proper box) *Other () (Explain)*

New Well ☒ Change in Transporter oil: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
State 32		1	Undesignated	State, Federal or Fee State
Location				
Unit Letter N	660	Feet From The South	Line and 1980	Feet From The West
Line of Section 32	Township 238	Range 38E	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give unit - is to which approved copy of this form is to be sent)
The Permian Corp.	P. O. Box 3119 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Not available	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas initially sold or used? When
	N 32 238 38E No

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 9-17-65	Date Compl. Ready to Prod. 11-23-65	Total Depth 12,235	P.B.T.D. 12,185
Elevations (DF, RKB, RT, GR, etc.) Gr. 3307	Name of Producing Formation Stateline Ellenburger	Top Oil Gas Flow 12,064	Tubing Depth 12,160
Perforations 12,064-70, 12,077-84, 12,088-125, 12,146-150, 12,154-170 with one CJFF.		Depth Casing Shoe 12,234	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4"	486'	300 sxs. to surface
11"	8-5/8"	3414'	1800 sxs. to surface
7-7/8"	5 1/2"	12,234	450 sxs. cement
4-3/4"	2-7/8"	12,160 in R-2 packer at 11,970	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 11-23-65	Date of Test 11-24-65	Producing Method Flow	
Length of Test 24 hours	Tubing Pressure 125	Casing Pressure 0	Choke Size 1"
Actual Prod. During Test 481	Oil-Bbls. 481	Water-Bbls. 0	Gas-MCF 239.4

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

B. Davidson
Lead Drilling Engineer
(Signature)
(Title)

November 26, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 29 1965**, 19____
BY **Engineer District #**
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.