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

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

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

MAY 11 10 35 AM '66

MAY 1, 1970, STANDARD OIL COMPANY OF TEXAS IS CHANGING ITS OPERATING NAME TO CHEVRON OIL COMPANY.

**I. OPERATOR**

Operator Standard Oil Company of Texas - A Division of Chevron Oil Company

Address 3610 Avenue B - Snyder, Texas

Reason(s) for filing (Check proper box) *Other (Type and explain)*

New Well  Change in Transporter of: Oil  Dry Gas  Effective May 11, 1966

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>State 32</b>	Lease No. <b>2</b>	Well No./Pool Name, including Formation <b>Stateline (Ellenburger)</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>J</b> <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>	Line of Section <b>32</b>	Township <b>23S</b>	Range <b>38E</b> <b>Lea</b> County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  *(Give address to which approved copy of this form is to be sent)*

Shell

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  *(Give address to which approved copy of this form is to be sent)*

**Phillips Petroleum Company** **P. O. Box 6666, Odessa, Texas**

If well produces oil or liquids, give location of tanks. Unit **B** Sec. **5** Twp. **24S** Rge. **38E** Is this property commingled? **Yes** When **May 11, 1966**

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)	Dr. Well	Gas Well	New Well	Revised	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B./T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Res. Dv.		Tubing Depth				
Perforations				Depth Casing Shoe				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				

**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	Date of Test	Producing Method (Hook pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chcke 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chcke 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.

E. W. McCants  
 E. W. McCants (Signature)  
 District Engineer

May 13, 1966

(Title)

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 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 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