

UNITED STATES	
DEPARTMENT OF	
INTERIOR	
LAND OFFICE	
NEW MEXICO	
LAND OFFICE	
TRANSPORTATION	
REGISTRATION	
OFFICE	

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

Form C-104
Superseding Old C-101 and C-111
Effective 1-1-65

Chevron U.S.A. Inc.

P. O. Box 670; Hobbs, NM 88240

Person(s) for filing (Check proper box)

Well Completion Change in Ownership: ☒ Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name

Address of previous owner Gulf Oil Corp.

DESCRIPTION OF WELL AND LEASE

Well Name <u>M. K. Stewart</u>	Well No. <u>6</u>	Pool Name, including Formation <u>League Blinberry</u>	Kind of Lease State, <u>Federal</u> or Fee <u>LC057420</u>	Lease No.
Unit Letter <u>K</u>	<u>1980</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>West</u>	
Line of Section <u>28</u>	Township <u>23S</u>	Range <u>37E</u>	N.M.P.M. <u>Lea</u>	County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <u>RA</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If 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	Same Res'ty.	Diff. Res'ty.
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DE, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

WELL

Oil Prod. Test - MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Test 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.

M. W. Carey
(Signature)
DIVISION OPERATIONS ENGINEER
(Title)
Dec 1, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 20 1965, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 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 division tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable to be considered for approval.

Fill out only Sections I, II, III, and VI for change of owner, well tested at head of transporter or other such change of conditions.