

DISTRIBUTION	
SANTA FE	
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-11
Effective 1-1-65

Chevron U.S.A. Inc.
Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Equip to Pump	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐		
Change in Ownership ☐			

change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name West Colabackle Dev. Unit	Well No. 108	Pool Name, including Formation Dallardsdale (Devonian)	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 33 Township 24S Range 38E, NMDM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Co. Box 1510, Midland TX	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 1384, Gal N. M.	
Well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Range	Is gas actually connected? When yes

this 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	Pick Back	Shut-In	Partial Flow
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.O.T.D.			
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
H. 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)

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

AS WELL.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

P. H. Bunting Jr.
Division Drilling Manager
10-30-85
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
NOV 1 - 1985
APPROVED _____, 19____
BY Eddie W. Gray
Oil & Gas Director
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 logs taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable on new and re-completed 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.