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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

SEP 29 11 35

I. **Standard Oil Company of Texas**
a Division of Chevron Oil Company
3610 Avenue S, Snyder, Texas
Reasons for filing (check proper box) ☐ Change in transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) **Note: Pool Name**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Section **Continental State** Well No. Pool Name, including Formation **1 Stateline-Ellebunger** Kind of Lease **State, Federal or Fee State**
Location **B 1980** Feet From The **East** Line and **860** Feet From The **North**
Section **5** Township **24S** Range **38E** N.M.P.M. **Lea** County

III. 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) **The Permian Corporation P.O. Box 3119, Midland, Texas**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) **Not Available**
Is well produces oil or liquids, ☐ Unit **B** Sec. **5** Twp. **24S** Rge. **38E** Is gas actually connected? ☐ When **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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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		

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)

Flow Line New or Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Location of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow, Surface Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Flow, Test-M.M.P.C.	Length of Test	Bbls. Condensate/M.M.C.F.	Gravity of Condensate
Testing Method (p'tot, 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.

E. W. McGants
(Signature)

E. W. McGants

District Engineer (Title)

August 31, 1965 (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 Sections I, II, III, and VI only 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.