ADDITION		
P.E.		
G.S.		
AND 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-11
Effective 1-1-65

perator
Chevron U.S.A. Inc.

ddress
P. O. Box 670, Hobbs, NM 88240

eason(s) for filing (Check proper box)
ew Well ☐
ecompletion ☐
hange in Ownership ☐
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒
Other (Please explain)

change of ownership give name
d address of previous owner

ESCRIPTION OF WELL AND LEASE

ease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Carter-Eaves (NCT-A)	1	Jalmat Gas	State, Federal or Fee	

ocation
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West
Line of Section 6 Township 24S Range 37E , NMPM, Lea County

ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

ame of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	Box 3119 Midland, Texas 79701
ame of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas	Star Route A Box 338, Hobbs, NM. 88240

well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	6	24S	37E	YES	unknown

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

OMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
erforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST 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)
L WELL

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

AS WELL

ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RTIFICATE OF COMPLIANCE

ereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given ve is true and complete to the best of my knowledge and belief.

M W Casey
(Signature)
Division Proration Engineer
(Title)
12-23-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 27 1985, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.