NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104	
SANTA FE /	REQUES:	REQUEST FOR ALLOWABLE	
U.S.G.S.	AUTHODIZATION TO TO	AND	Effective 1-1-65
LAND OFFICE		RANSPORT OIL AND NATURAL	
TRANSPORTER OIL	'	of the Indian Basin Gas atural Gas Pipeline Compa	
GAS /	is purchaser of the	zas under <b>Man</b> tra <b>che promi</b>	ding for delivery
OPERATOR 4	of residue gas at the	e plant) COMPANY OF TEXAS	S IS CHANG.
Operator	/	ING ITS OPERATING	NAME TO TIME
Standard Oil Com	meny of Texas - A Division	on of Chevron Oil Company	PANY.
			- 4000
Reason(s) for filing (Check proper	Snyder, Texas 79549	Other (Please explain)	AUG 5 1966
New Well	Change in Transporter of:	Change of Op	perator O. C. C.
Recompletion	Oil Dry (	Gas	ARTESIA, OFFICE
Change in Ownership	Casinghead Gas Cond	lensate X	
If change of ownership give name	No change in ownership.	Former operator Sun	
and address of previous owner	To change in ownership.	P. O. Box 2792, Ode	ssa, Texas
II. DESCRIPTION OF WELL AN			
Lease Name Uni	Well No. Pool Name, Including	[a = 3	Lease No.
Bogle Flats Gas 6	om.   8   Indian Basi	in (Upper Penn) State, Federa	in the specific
	1650 Feet From The North L	Ine and 1650 Feet From	The Fact
Unit Letter <u>G</u> ;	10)0 reet Flow The NOI off C	To your Feet From	i i
Line of Section 5	Township 22-S Range	23-E , NMPM,	Eddy County
		,	
Name of Authorized Transporter of	OIL OR CONDENSATE TO OR CONDENSATE OF THE OR C	Address (Give address to which appro	ved copy of this form is to be sent)
Merathon Oil Comm	eany	P. O. Box 2107, Hobbs	
Marathon Oil Comp		Address (Give address to which appro	
Marathon Oil Comp		P. O. Box 2107, Hobbs	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	March 16, 1966
give location of tanks.		<del></del>	March 10, 1900
V. COMPLETION DATA	with that from any other lease or pool	, give comminging order number:	
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compi. Neday to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.	.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TURNIC CACING AN	IS CENTIAL DECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE 312E	CASING & 155ING 5.22		
			<del></del>
V. TEST DATA AND REQUEST		after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
A Date Date Date	Oil-Bbls.	Water - Bbls.	Gas - MCF
Actual Prod. During Test	OII-BUIG.		
		<u> </u>	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Cooling Processing & Shape & Shape	Chake Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
announce and an action of	NOT	OH CONSERVA	ATION COMMISSION
I. CERTIFICATE OF COMPLIA	INCE		
I hereby certify that the rules as	nd regulations of the Oil Conservation	APPROVED AUG 5 196	, 19
Thereon certify that the threa at	to the state of the defendable since	[] **** \( \sigma \) \( \sigma \)	

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

EMIN Claus
H. H. McChary (Signature)
District Engineer
(Title)
August 3, 1966

(Date)

, 19 -TITLE OIL AND 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.

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.