DISTRIBUTION	1		
SANTA FE	1		.W MI
FILE	1		
U.S.G.S.	1	THORE	フムて!
LAND OFFICE	AL	HOKI	_ A
IRANSPORTER GAS	1		
OPERATOR	1		
PRORATION OFFICE			
Operator			
Apexco, Inc.			
P. O. Don 1299, Tul	sa, Ob	il abona	7
Reason(s) for filing (Check proper box	,		
New Well	Cha	nge in Tr	anspor
Recompletion	Oil		<u>_</u>
Change in Ownership	Cas	inghead C	as [
If change of ownership give name and address of previous owner			Apa
DESCRIPTION OF WELL AND	LEASE		
Maljamar Horth Unit	Wel	No. Po	ol Nan est
Location			
Unit Letter : 198	S Fee	et From T	he
Line of Section 31 Tov	wnship	163	
Name of Authorized Transporter of Cil The Permian Corporat Name of Authorized Transporter of Car	AX: ion singhead C	or Cond	ensate
Phillips Petroleum C	ompany	•	
	' Unit		1
If well produces oil or liquids, give location of tanks.	G	Sec. 31	Tw
give location of tanks. If this production is commingled wi	G	31 om any o	ther 1
give location of tanks. If this production is commingled wi COMPLETION DATA	G th that fr	31	ther 1
give location of tanks. If this production is commingled wi COMPLETION DATA Designate Type of Completic	th that from - (X)	om any o	ther 1
give location of tanks. If this production is commingled wi COMPLETION DATA	th that from - (X)	om any o	ther 1
give location of tanks. If this production is commingled wi COMPLETION DATA Designate Type of Completic	th that from - (X)	om any o	ther 1
give location of tanks. If this production is commingled wi COMPLETION DATA Designate Type of Completic Date Spudded	th that from - (X)	om any o	ther 1
give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,) Perforations	G th that from - (X) Date Co	mpl. Read	ther 1 Veli
give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,	G th that from - (X) Date Co	mpl. Read	ther 1 Veli
give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,) Perforations	G th that from - (X) Date Co	mpl. Read	ther 1 Veli
give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,) Perforations	G th that from - (X) Date Co	mpl. Read	ther 1 Veli
give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,) Perforations HOLE SIZE TEST DATA AND REQUEST F	G th that from - (X) Date Co	mpl. Read	ther 1. Vel: By to F G Form JING,
give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	G th that from - (X) Date Co	mpl. Read	ther 1. Vel: By to F G Form JING,
give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL	G th that from - (X) Date Co Name of	mpl. Read	ther 1. Vel: By to F G Form JING,

EXICO OIL CONSERVATION COMMISSIO

SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110
U.S.G.S.	AUTHORIZATION TO TRA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE	AUTHORIZATION TO TRA	MOPORT OIL AND NATURAL	GAS
IRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE Operator			
Apexco, Inc.			
P. O. Don 1299. Tu	lsa, Oklahoma 74101		
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Gas	s [Operator N	ame Change
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner	Apache Corpo	ration, P. O. Box 2205	, Tulsa. Oklahoma 74101
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.
Maljamer Horth Unit	? West Kemnitz-L		ral or Fee State G-5489
Location 1 G	38 Feet From The West Line	1799) Part Fran	The South
Unit Letter;		_	
Line of Section 31 To	wnship 163 Range	33E , NMPM, Le	a County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	oved copy of this form is to be sent)
Name of Authorized Transporter of CI The Permian Corporat		P. O. Box 1183, Hou	
Name of Authorized Transporter of Co		Address (Give address to which appr	roved copy of this form is to be sent)
Phillips Petroleum (Unit Sec. Twp. Ege.	Phillips Bldg, Bart is gas actually connected?	hen Oktonows
If well produces oil or liquids, give location of tanks.	G 31 168 33E	Yes	1/5/65
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,		
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded		Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Elevations (Dr., KKB, KI, GK, etc.,	reduce of producting to the second		
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a)	fter recovery of total volume of load o	il and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
Date 1 list item out the			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	0524 0.24
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
		· · · · · · · · · · · · · · · · · · ·	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
resting Method (phot, oden pro)			
CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	Orig. Signed by
Commission have been complied	with and that the information given he best of my knowledge and belief.	1	
		TITLE	Dist. 1, Supv.
,\ 00		This form is to be filed in	n compliance with RULE 1104.
Tom R. Jerome (Sig	ne	If the state forms must be accome	owable for a newly drilled or deepened panied by a tabulation of the deviation
Regional Production Ad	lministrator	tests taken on the well in acc	must be filled out completely for allow
(7	itle)	shie on new and recompleted	Wells.
July 3, 1973	Date)	well name or number, or transp	II, III, and VI for changes of owner orter, or other such change of condition
		Separate Forms C-104 m	ust be filed for each pool in multiply
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