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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

AUG 10 11 15 AM '65

I. Operator **Standard Oil Company of Texas**
A Division of Chevron Oil Company

Address **3610 Avenue B - Snyder, Texas**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. C. Taylor et al	Well No. 3	Pool Name, Including Formation Maljamar Grayburg-San Andres	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter H	1800 Feet From The North Line and 660 Feet From The East		
Line of Section 9	Township 17N	Range 32E	NMPM, 10N County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666 - Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 9	Twp. 17N Rge. 32E
Is gas actually connected? Yes		When Immed. following completion of well	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-6-65	Date Compl. Ready to Prod. 7-26-65		Total Depth 4200'		P.B.T.D. 4148			
Pool Maljamar Grayburg-San Andres	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 3842'		Tubing Depth 3968			
Perforations Perf 31 1/8" casing jets 3842-4139				Depth Casing Shoe 4200				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		305		200 sbs. to surface			
7-7/8"	4 1/2"		4200'		390 sbs. cement			
4 1/2" casing	2-3/8"		3968					

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)

Date First New Oil Run To Tanks 8-6-65	Date of Test 8-7-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure None	Casing Pressure None	Choke Size None
Actual Prod. During Test 50	Oil-Bbls. 26	Water-Bbls. 22	Gas-MCF 51.3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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. McCants (Signature)
District Engineer (Title)
August 9, 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.