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| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 29 11 35 AM '65

I. OPERATOR

Operator: **Standard Oil Company of Texas**
Division of Chevron Oil Company formerly California Oil Co.

Address: **3610 Avenue S - Bayler, Texas**

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

New Well: Change in Transporter of:
 Recompletion: Oil Dry Gas
 Change in Ownership: Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

| | | |
|---|---|---|
| Lease Name Les X Federal Report 2 | Well No. Pool Name, Including Formation 36 Maljamar Grayburg-San Andres | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter B , 660 Feet From The North Line and 1980 Feet From The East | | |
| Line of Section 15 , Township 17S , Range R-32E , NMPM, Lea 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 Corp. | 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 B , Sec. 15 , Twp. 17S , Rge. 32E | Is gas actually connected? Yes When Immediately 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res'tv. |
|--|---|----------------------------------|-------------------------------------|----------|----------------------------|-----------|-------------|---------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | | |
| Date Spudded 5-25-65 | Date Compl. Ready to Prod. 6-16-65 | Total Depth 4200' | P.B.T.D. 4150' | | | | | |
| Pool Maljamar Grayburg | Name of Producing Formation Grayburg-San Andres | Top Oil/Gas Pay 360' | Tubing Depth 3898 | | | | | |
| Perforations 3009, 11, 13, 41, 43, 45, 47, 51, 53, 75, 77, 79, 3903, 05, 49, 51, 87, 89, 91, 93, 4133, 35 | | Depth Casing Shoe 4200 | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-5/8" | | 309 | | 200 sxs. to surface | | | |
| 7-7/8" | 4 1/2" | | 4200 | | 650 sxs. | | | |
| 4 1/2" casing | 2-3/8" | | 3898 | | | | | |

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)

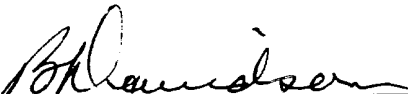
| | | | |
|---|--------------------------------|--|---------------------------|
| Date First New Oil Run To Tanks 7-21-65 | Date of Test 7-24-65 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure None | Casing Pressure None | Choke Size None |
| Actual Prod. During Test 20 | Oil-Bbls. 20 | Water-Bbls. 3 | Gas-MCF 58.4 |

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.


B. Davidson (Signature)

Lead Drilling Engineer (Title)

July 28, 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.

