	O. OF COPIES RECEIVED	-				
	DISTRIBUTION		ONSERVATION COMM	SSIL V	Form C-104	10104 . 2011
	ANTA FE	REQUEST	FOR ALLOWABLE	ang ang a	D. C. Effective 1-1-6	d C-104 and C-110 55
	112	AND				
	J.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE			in the second second	1 U/	
	IRANSPORTER GAS	•				
i	OPERATOR					
Ĩ	PRORATION OFFICE					
	Cperator Standard Oil Company	ny of Texas		1.4	AY 1, 1970, STAN	
	A Division of Chevron Oil Company			COMPANY OF TEXAS IS CHANG-		
	Address 3610 Avenue S Snyder, Texas 7954	9			NG ITS OPERATING	
Ļ	Reason(s) for filing (Check proper box)		Other (Please		HEVPON OIL COM	ANY
	New Well	Change in Transporter of:	Change o	f lease	name and well i	number due
İ	Recompletion	Oil Dry Ga	s 🗌 to uniti	zation.	:	
	Change in Ownership	Casinghead Gas Conder	isate Form	erly: I	les Federal #9	
L						
	If change of ownership give name and address of previous owner		<u></u>			
55	DESCRIPTION OF WELL AND I	UEASE				
	Lease Name	Well No. Pool Name, Including P	ormation	Kind of Leas		Lease No.
	Maljamar (Grayburg) Unit	t 14 Maljamar (Gray	burg-San Andres	State, Federa	alor Fee Federal	LC 059576
ſ	Location		000		West	-+
	Unit Letter P ; 330	Feet From The South Lin	e and990	Feet From	The	<u> </u>
	2	mship 17S Range	32Е , ммрм,	Ιe	ea	County
l	Line of Section 3 Tow	mship L/S Range			······································	;,
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
[	Name of Authorized Transporter of Oil	Address (Give dauress to			to be sent;	
4	Texas New Mexico Pipeline		P.O. Box 1510, Midland, Texas			
ſ	Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent) P.O.TBOX 5666; Odes 2,27 exas				
	Phillips Petroleum Compa		Is gas actually connecte			
ĺ	If well produces oil or liquids,	Unit Sec. Twp. Pge. H 10 175 32E	Yes	ur (".		
Į	give location of tanks.	have a second	<u></u>			
		h that from any other lease or pool,	give comminging order			
	COMPLETION DATA	Oti Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.
	Designate Type of Completio	n = (X)		i 		
	Date Spuddød	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
			Top Oil/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				
	Períorations		<u></u>		Depth Casing Shoe	
		TUBING, CASING, ANI	D CEMENTING RECOR	D		
ĺ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CE	MENT
ĺ						
Ĩ						
			fter recovery of total volu		land must be equal to or	exceed top allow
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total voluments, epth or be for full 24 hours,	ne oj 1022 011 )	i una musi de equat to di	
	OIL WELL Date First New Oil Run To Tanks	Producing Mothod (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
			Maria Dila		Gas - MCF	
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.			
		l			<u></u>	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensat	6
	Testing Mothod (pilot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-	-in)	Choke Size	
Vĭ.	CERTIFICATE OF COMPLIANCE		OIL C	QNSERVA	ATION COMMISSIO	DN .
			APPROVED, 19			
	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.					
			BY	BY		
			TITLE			
	EUN Manta		This form is to be filed in compliance with RULE 1104.			
	- M Calls		This form is to be filed in compliance with ROLE from. 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 allow- able 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.			
	E. M. Cofference (Signature)					
	Dicturiot Brancez					
	(Title)					
	April 28, 1957					
	(Do	ate)	Separate Form	s C-104 mu	st be filed for each	pool in multiply
		Separate Forms C-104 must be filed for each pool in multiply completed wells.				