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FILE			
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

•	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65							
1.	Operato:	G A Too									
	Chevron U.S.A. Inc.										
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership		Other (Please explain)								
	If change of ownership give name and address of previous owner	Chevron Oil Company, P	. 0. Box 1660, Midland,	Texas 79701							
11.	DESCRIPTION OF WELL AND Lease Name Maljamar (Grayburg) Unit Location Unit Letter M ; 650	Weil No. Pool Name, Including Fo	burg-San Andres State, Federa	Fourth							
	Oint Lettes			_							
	Line of Section 3 Tow	vnship 17-South Range 3	2-East , NMPM,	Lea County							
Ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Texas-New Mexico Pipeli	or Condensate	Address (Give address to which approved P. O. Box 1510, Midlar of Address (Give oddress to which approved to the Address to the A	nd, Texas 79701							
	Phillips Petroleum Comp		P. O. Box 6666, Odessa								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 10 17-8 32-E	Is gas actually connected? Who	en							
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:								
	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	Perforations Depth Casing Shoe										
		TUBING, CASING, AND	CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
v.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or										
	OII. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)										
			0-4-5-	Choke Size							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF							
	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							
VI	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	ATION COMMISSION							
V 1.			APPROVED								
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.		Orig. Signed by Jerey Sound TITLE Disc I, Super.									
W. A. Goudest (Signature) Area Supervisor			Jers, Soxona								
			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.								
							(Ti	tle)	able on new and recompleted we	All sections of this form must be filled out completely for allowable on new and recompleted wells.	
							February 28		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.		
(Date)			. 1								

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.