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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE OFFICE O. C. C.
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 9 2 24 PM '67

MAY 1, 1970, STANDARD OIL
COMPANY OF TEXAS IS CHANG-
ING ITS OPERATING NAME TO
CHEVRON OIL COMPANY.

Operator Standard Oil Company of Texas A Division of Chevron Oil Company	
Address 3610 Avenue S Snyder, Texas 79549	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of lease name and well number due to unitization.
Recompletion <input type="checkbox"/>	Formerly: Les Federal #15
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 No.
Lease Name Maljamar (Grayburg) Unit	Well No. 22	Pool Name, Including Formation Maljamar (Grayburg-San Andres)
Kind of Lease State, Federal or Fee Federal		Lease No. NM 0315712
Location Unit Letter <u>L</u> ; <u>990</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>4</u> Township <u>17S</u> Range <u>32E</u> , 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	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 Sec. Twp. Rge. Is gas actually connected? When
WATER INJECTION WELL YES	

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 type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input 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	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

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	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water - Bbls.
	Gas - MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)
	Casing Pressure (shut-in)
	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. McCanta District Engineer April 28, 1967	
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 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	