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E. W. McCants

April 28, 1967

District Engineer

(Signature)

(Title)

(Date)

IW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE

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

FILE AND MARKET O. C. C.				
[U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE	HAY 1 2 49 PM '67		
	TRANSPORTER OIL	l TiP	11 1 2 40 .11 01	·
	GAS			LY 1, 1970, STANDARD OIL
	OPERATOR		MA CC	MPANY OF I XAL IS CHANG-
1.	PRORATION OFFICE	of Moyog		G ITS OPERATING NAME TO
	Operator Standard Oil Comp	pany of Texas		IEVRON OIL COMPANY.
	A Division of Cher	vron Ull Company		EAKOIA OIL COMINGS
	Address 3610 Avenue S	=1.0		
	Snyder, Texas 79	549	Other (Please explain)	
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Change of leas	e name and well number
	New Well	Oil Dry Gas		
	Recompletion	Casinghead Gas Condens		
_	Change in Ownership	Cusinghed das [sate Formerly: Mit	CUSTT LOCALOT AT
	If change of ownership give name		•	
	and address of previous owner			
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
	Lease realized State, Federal or Fee Federal TIC 064149			
	Maljamar (Grayburg) Unit 32 Maljamar (Grayburg-San Andres)			
	Location D 660 The East Line and 660 Feet From The South			
	Unit Letter P; 660 Feet From The East Line and 660 Feet From The South			
		100	32E , NMPM, Lea	County
	Line of Section 8 Tov	vnship 17S Range	32E , NMPM, Lea	
			c	
III.	DESIGNATION OF TRANSPORT	OF OIL AND NATURAL GAS	Address (Give address to which approx	ped copy of this form is to be sent)
	Name of Authorized Transporter of Oil X or Condensate		Wildian Othe manieng to must all the same of the same	
	Continental Pipeline Company		Artesia, New Mexico Address (Give address to which approved copy of this form is to be sent)	
	Name of Authorized Halispotter of Gastiques at the			
	Phillips Petroleum Com	mpany	P. O. Box 6666, Odessa	Texas
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		
	give location of tanks.	0 8 17S 32E	Yes	
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic		Idem Mett	
	Designate Type of Completion)	Maria Dank	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	
			Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On, Gas Pay	
		<u> </u>		Depth Casing Shoe
	Perforations			
		The state of the s	CEVENTING DECORD	
			DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEFINSE	
				1
٧.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
••	OIL WELL	2010 70. 11111 00	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	(t. etc.)
	Date First New Oil Run To Tanks	Date of Test	Producing Method (r.tow, pamp, 500	,,,,
				Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size
				Ggs - MCF
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	GGB - 149C1
	1			
	GAS WELL			Committee of Condensate
	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
* / *	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION
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.		APPROVED	, 19
			,	
			BY	
			TITLE	
	4/N14an16		This form is to be filed in compliance with RULE 1104.	
	July amo		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 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 completed wells.