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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
TRANSI ORIER	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST POR SULFOWABLEC. C.

Form C-104
Supersedes Old C-104 and C-110

	FILE			AND		J.	Effective 1-1-65		
	U.S.G.S.	<u> </u>	AUTHORIZATION TO TRANSPORT ON APP NOTURAL GAS						
	LAND OFFICE								
	TRANSPORTER GAS								
	OPERATOR					MAV 1	1970, STANDARD OIL		
I.	PRORATION OFFICE					_COMPAN	NY OF TEXAS IS CHANG		
	Operator 3 0:3 Commonst	~£	Morrod			ING ITS	OPERATING NAME TO		
	Standard Oil Company	01	lexas - A Division o	r Chev	ron Uil Co	mpenevro	N OIL COMPANY.		
	3610 Avenue S - Sny	zder	. Texas				i.		
	Reason(s) for filing (Check proper			·	Other (Please				
	New Well		Change in Transporter of: Change in transport						
	Recompletion		Oil X Dry Ga	s 🔲			ine Company to Texas-		
	Change in Ownership		Casinghead Gas Conder	isate	Mexico Fi	Беттие с	o. Effective 8-1-67.		
	If change of ownership give nam								
	and address of previous owner_								
II.	DESCRIPTION OF WELL A	ND I							
	i_ease Name		Well No. Pool Name, Including Fo		. 1	(ind of Lease			
	Maljamar (Grayburg) U	Jnit	31 Maljamar (Grayb	urg-Sa	n Andres)	State, Federa	Federal IC 064149		
	Location	660	South		1980		Foot		
	Unit Letter;;		Feet From The South Lin	e and		Feet From 7	The East		
	Line of Section	Tow	nship 17S Range 3	2E	, NMPM,	Lea	County		
							,		
III.			ER OF OIL AND NATURAL GA	S	(Cina address to	which approx	ped copy of this form is to be sent)		
	Name of Authorized Transporter of			i	•				
	Texas-New Mexico Pipe			Address	Box 1510, (Give address to	which approx	ed copy of this form is to be sent)		
	Phillips Petroleum Co			!	Box 6666,				
	If well produces oil or liquids,	JII DO	Unit Sec. Twp. Rge.		ctually connected				
	give location of tanks.		L		Yes	!			
	If this production is commingled	l with	n that from any other lease or pool,	give com	mingling order 1	number:			
	COMPLETION DATA		Oil Well Gas Well	New Well		Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Compl	etio		l l	, workever	l I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Date Spudded		Date Compl. Ready to Prod.	Total De	pth	<u>. </u>	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.	c.j	Name of Producing Formation	Top Oil/Gas Pay		-	Tubing Depth		
		·		<u></u>			Depth Casing Shoe		
	Perforations						Depth Cusing Shoe		
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
				•					
				<u> </u>					
V.	TEST DATA AND REQUEST OIL WELL	FC	RALLOWABLE (Test must be a) able for this de	iter recove pth or be j	ry of total volum for full 24 hours)	e of load oil	and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks		Date of Test		g Method (Flow,	pump, gas lij	(t, etc.)		
	Length of Test .		Tubing Pressure	Casing F	resswe.		Choke Size		
			Oil-Bbls.	Water - Bbls.			Gas - MCF		
	Actual Prod. During Test		O11 - Bb18.	Water - B	J.5.				
				<u> </u>			<u> </u>		
	GAS WELL								
	Actual Prod. Test-MCF/D		Length of Test	Bbis. Co	endensate/MMCF		Gravity of Condensate		
				01	C C'hande	<u> </u>	Choke Size		
	Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing F	ressure (Shut-i	<u>, </u>	Choke 5129		
					011 0	NICEDIA	TION COMMISSION		
V	CERTIFICATE OF COMPLI	ANC	E		012 0	JNSEKVA	TION COMMISSION		
	I haraby cartify that the rules s	and re	egulations of the Oil Conservation	APPR	APPROVED, 19				
	Commission have been compli-	ed w	ith and that the information given	(Jain	1 1			
	above is true and complete to	above is true and complete to the best of my knowledge and belief.			BY				
	SIMONA. W			KITKE					
•	gwill camp	Sull caus			This form is to be filed in compliance with RULE 1104.				
	F. W. McCants			to thin in a request for allowable for a newly drilled or despened					
	District Engineer	(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	PERMITTEEL	All sections of this form must be filled out completely for					at be filled out completely for allow-		
	(Title)			able c	n new and rec	ompleted we	ills.		

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.

(Date)

July 28, 1967