<del></del>			
NO. OF COPIES REC	EIVED	i	
DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
, , , , , , , , , , , , , , , , , , ,	GAS		
OPERATOR			
PRODATION OFFICE			

II.

III.

v.

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE		I	[]						2 0 1 1 1 2 1	u. U. U.	_	rective t	1-03	
U.S.G.S.				AL	JTHORI:	ZATIO	N TO TRA		OIL AND N		L GAS			
LAND OFFICE		<u> </u>							1 49					
TRANSPORTER	OIL	ļ						_		31				
OPERATOR	1	╁┈												
PRORATION OF	FICE													
Operator Standard Oil	L Comp	anv	of	Texas	s <b>-</b> 1	A Div	ision o	f Chevro	on Oil Co	mpany				
Address										<u> </u>				
3610 Avenue Reason(s) for filing					<u>kas</u>	<del></del>	-···		Other (Please	explain)				
New Well				Cha	inge in Tra	insporter	of:		Change	in Bat	tery loca	tion.	Con	nbine
Recompletion Change in Ownership				Oil Car	iinghead G	<u>"</u> H	Dry Go				bers 29,		<b>,</b> 43	} and
						<u> </u>			47. EI	TEG CTA	e 7-22-67	•	<u> </u>	<del></del>
If change of owners and address of prev			ne		<del></del>									<del> </del>
DESCRIPTION O	F WEL	L A	ND L				<u>-</u>							
Lease Name				Wel	l No. Poc	ol Name,	Including F	ormation		Kind of Le		T1 . 1		Lease No.
Maljamar (Gr Location	aybur	g)_	Uni	t   3	31 Ma	aljam	ar (Gra	yburg-Sa	an Andres	State, Fed	leral or Fee	Feder	all	LC06414
Unit Letter	0	·	660	)Fee	et From Ti	ne S	outh_Li	ne and	1980	Feet Fro	om The <u>Ea</u>	st		
Line of Section	8	}	Town	nship	17S		Range	32E	, имрм,		Lea			County
DECICNATION O	E TDA	NCD	027	ED OF	OTT AN	D NAT	TIDAL CA	16						
DESIGNATION O Name of Authorized	Transpor	NSIP	ORT	ER OF	or Conde		UKAL GA	Address (	Give address t	o which ap	proved copy of	this form	is to b	e sent)
	Continental Pipeline Company							Artesia, New Mexico						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company							P. O. Box 6666, Odessa, Texas							
If well produces oil		6,	·	Unit	Sec.	Twp.	Pge.	1 -	ually connecte	ed?	When			
give location of tank If this production is				L	<u>   9</u>	17			Yes	number				•
COMPLETION D		ng.ec	Witt	i that ire							· · · · · · · · · · · · · · · · · · ·			
Designate Typ	pe of C	ompl	etior	a = (X)	O11 W	ell !	Gas Well	New Well	Workover	Deepen	Plug Back	: Same	Res'v.	Diff. Restv.
Date Spudded				Date Cor	mpl. Ready	y to Prod	i.	Total Dep	th	<del></del>	P.B.T.D.			
Elevations (DF, RK)	B, RT, G	R, etc	c. j	Name of	Producing	Format	ion	Top Oil/G	Gas Pay		Tubing De	əpth		
Perforations						1			Depth Cas	sing Shoe	-			
			т					DCEMENT	ING RECOR			SACKS C	EME	
HOLE	SIZE			CA	SING &	IUBING	3126	-	DEFIRSE	- 1		<del>JACKS C</del>	ENE	
				····										
														<del> </del>
TEST DATA AND	D REQ	U <b>ES</b> 7	r Fo	R ALL	OWABL	E (Te	et must be a le for this de	ifter recovery	y of total volu r full 24 hours	me of load )	oil and must be	equal to	or exc	eed top allow
OIL WELL Date First New Oil	Run To 1	ank s		Date of	Test				Method (Flow		e lift, etc.)			
Length of Test .				Tubing F	Pressure			Casing Pr	esswe		Choke Siz	:•		
Actual Prod. During	Test		_	Oil-Bbls.			Water - Bbls.		Gas - MCF	Gas - MCF				
GAS WELL		_												
Actual Prod. Test-	MCF/D			Length o	of Test			Bbls. Con	densate/MMCI	•	Gravity o	f Condens	ate	
Testing Method (pit	ot, back	pr.)		Tubing F	Pressure (	Shut-i	n )	Casing Pr	essure (Shut-	-in)	Choke Siz	i•	-	
CERTIFICATE (	OF COM	1PLI	ANC	E	<del></del>				OIL	CONSER	VATION CO	OMMISS	ION	
						OH C		APPRO	VED		()	$\bigcirc$	_, 19	)
I hereby certify the	at the ru	les e	and re	gulation	as of the	Uni Con	nservation tion given		7			<del>,                                    </del>	, -	_

TITLE

## VI.

above is true and complete to the best of my knowledge and belief.

(Signature) W. McCants District Engineer (Title)

(Date)

July 20, 1967

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 completed wells.