NO. OF COPIES RECI	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
	SANTA FE	REQUEST	FOR ALLOWABLE G.	Effective 1-1-65	
	FILE			CAI	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS	
	LAND OFFICE		1 4 5 52 1 U DV		
	TRANSPORTER OIL	,			
	GAS				
	OPERATOR				
I.	Operation OFFICE	of Toyas			
	Operator Standard Oil Company of Texas A Division of Chevron Oil Company				
	A Division of Chev	Pon Off Company			
	Address 3610 Avenue S Snyder, Texas 7954	9			
	Reason(s) for filing (Check proper box)		Other (Please explain)	and medium to due	
	New Well	Change in Transporter of:	Change of lease	name and well number due	
	Recompletion	Oil Dry Ga	to unitization.		
	Change in Ownership	Casinghead Gas Conden	rsate Formerly: I	es "X" Federal #4	
	If change of ownership give name				
and address of previous owner					
11	. DESCRIPTION OF WELL AND LEASE Lease N				
•••	Vell No. Pool Name, Including Formation				
	Maljamar (Grayburg) Unit	t 47 Maljamar (Gray)	burg-San Andres)State, Fede	rol or Fee Federal NM 0315713	
	Location				
	Unit Letter 0; 660	Feet From The South Lin	ne and 1980 Feet From	The East	
	Ont Better			_	
	Line of Section 9 Tow	mship 17S Range	32E , NMPM,	Lea County	
III.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	AS	roved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app		
	Texas New Mexico Pipelin		P.O. Box 1510, Midland	roved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas				
	Phillips Petroleum Compa		P.O. Box 6666, Odessa		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actuary commercial.	/hen	
	give location of tanks.	0	Yes		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Out well Gray Well New Well Workover Deepen Plug Back Same Res'v. Diff. Re			
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen		
	Designate Type of Completio		Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Deptil	, .	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/ Gus I u/		
				Depth Casing Shoe	
	Perforations				
TUBING, CASING, AND CEMENTING RECORD					
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TODING CITE			
	The state of the s	OR ALLOWARIE (Test must be s	ofter recovery of total valume of load of	il and must be equal to or exceed top allow-	
V	TEST DATA AND REQUEST FO	able for this de	epth or be for full 24 hours)		
	OII, WELI. Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF	
	1				
	GAS WELL				
	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	
W1	VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION				
I hereby costify that the rules and regulations of the Oil Conservation					
			APPROVED	, 19	
Commission have been complied with and that the information given		BV C			
	above is true and complete to the best of my knowledge and belief.		BY		
			TITLE		
			This form is to be filed i	n compliance with RULE 1104.	
	The state of the s		really a secured for all	lowchie for a newly drilled or deepened	
	E. W. McCants (Signature)		well this form must be accom	panied by a tabulation of the deviation cordance with RULE 111.	

District Engineer (Title) April 28, 1967 (Date)

All sections of this form must be filled out completely for allowable on now 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.