ſ	NO. OF COPIES RECEIVED					
	DISTRIBUTION		NSERVATION COMMISSIO	Form C-104		
Ì	SANTA FE			Supersedes Old C-104 and C-110		
	FILE		OR ALLOWABLE D. C.	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATH	URAL GA3		
	LAND OFFICE	11				
	TRANSPORTER GAS					
	OPERATOR		1	MAY T, 1970, STANDARD OT		
1.	COMPANY OF TEXAS IS CHANIC					
	Operator Standard Oil Comp A Division of Chev	any of Texas		ING ITS OPERATING NAME TO		
	A DIVISION OF CHEV Address 3610 Avenue S			CHEVRON OIL COMPANY.		
	Snyder, Texas 795	;49				
	Reason(s) for filing (Check proper box)		Other (Please expla	f lease name and well number		
	New Well	Change in Transporter of: Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	sate	itifies Federal fll		
i						
	If change of ownership give name and address of previous owner					
		DAGE				
п.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		l of Lease Lease No.		
	Maljamar (Grayburg) Uni	t 46 Maljamar (Graybu	urg-San Andres) State	e, Federal or Fee Federal NM 0315712		
	Location		1080	West		
	Unit Letter N;66	50 Feet From The South Line	and <u>1980</u> Fe	et From The		
	Line of Section 9 Tow	nship 17S Range	32E , NMPM,]	Lea County		
	Line of Section 9 Tow					
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	ich approved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil					
	Continental Pipeline (Name of Authorized Transporter of Cas	Ompany Inghead Gas or Dry Gas	Artesia, New Mex Address (Give address to whi	ich approved copy of this form is to be sent)		
	Phillips Petroleum Con		P. 0. Box 6666, (Odessa, Texas		
		Unit Sec. Twp. Age.	Is gas actually connected?	When		
	give location of tanks.	L 9 17S 32E	Yes			
	If this production is commingled wit	h that from any other lease or pool, g	give commingling order num	nber:		
IV.	COMPLETION DATA	Oii Well Gas Well	New Well Workover De	eepen Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	n – (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
			Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				
	Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEFINSE			
		· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)				f load oil and must be equal to or exceed top allow-		
	OIL WELL able for this dep Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pur	mp, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Test	Oil-Bbis.	Water-Bbis.	Gas - MCF		
	Actual Prod. During Test					
	I					
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	BDIS. Condensate/ MMCF			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)) Choke Size		
VI	. CERTIFICATE OF COMPLIAN	CE	OILCON	SERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
			AFFROVED			
	above is true and complete to the	best of my knowledge and belief.	BY			
	L.		TITLE			
	PIOMOR. t.	Signela to		This form is to be hiled in compliance with RULE 1104.		
	E. W. McCents (Signature)		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.			
	District Engineer		All sections of this form must be filled out completely for allow-			
	(Title) April 28, 1967 (Date)		able on new and recompleted wells.			
			il well name or number, or transporter, or other such change of conditions			
	(-		Separate Forms C completed wells.	104 must be filed for each pool in multiply		
			· · · · · · · · · · · · · · · · · · ·			