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SANTA FS		
FILE U.S.G.S. LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

	SANTA FS	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	FILE		AND the state of t	C.	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL		
	TRANSPORTER OIL		MAY ! 2 21 FM?	67	
	OPERATOR GAS				
1.	PRORATION OFFICE Operator Standard Oil Com	nany of Tayas	MAY	1, 1970, STANDARD OIL	
	A Division of Cher	•		ANY OF TEXAS IS CHANG-	
	Address 3610 Avenue S	-1 -		IS OPERATING NAME TO RON OIL COMPANY.	
	Snyder, Texas 799 Reason(s) for filing (Check proper box)	549	Other (Please explain)	NOT OIL COMPANY,	
	New Well	Change in Transporter of:		se name and well number	
	Recompletion	Oil Dry Ga			
	Change in Ownership	Casinghead Gas Conden	nsate	s Federal #19	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.	
	Maljamar (Grayburg) Uni	it 35 Maljamar (Grayb	urg-San Andres) State, Feder	d or Fee Federal NM 0315712	
	<u> </u>	Feet From TheNorth_Lin	e andFeet From	TheWest	
	Line of Section 9 Tow	mship 17S Range	32E , NMPM, Lea	County	
	The state of the s	COR OF OW AND NATIVE CA	c		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		Address (Give address to which appr	oved copy of this form is to be sent)	
	Continental Pipeline (Company	Artesia, New Mexico		
	Name of Authorized Transporter of Cas	A	Address (Give address to which appr		
	Phillips Petroleum Cor	mpany Unit Sec. Twp. Rge.	P. O. Box 6666, Odess Is gas actually connected?	a, Texas	
	If well produces oil or liquids, give location of tanks.	J 4 17S 32E	Yes		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
			AFUENTING DECARD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE				
				·	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	l and must be equal to or exceed top allow-	
OII, WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift			lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
		L			
	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	
VI.	CERTIFICATE OF COMPLIANO	Œ		ATION COMMISSION	
	I hereby certify that the rules and r	egulations of the Oil Conservation		, 19	
	Commission have been complied wabove is true and complete to the	best of my knowledge and belief.	BY		
			TITLE		
	EMOD T	>	This form is to be filed in	compliance with RULE 1104.	
	ZWII / Cants		If this is a request for allo	wable for a newly drilled or deepened	
	E. W. McCants (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
District Engineer (Title)		ile)	All sections of this form mable on new and recompleted	nust be filled out completely for allow-	
	April 23, 1,67		Fill out only Sections I.	II. III. and VI for changes of owner,	
	(Date)		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.	y	