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DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
FILE	REQUEST	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
U.S.G.S.	AUTHORIZATION TO TRA		
LAND OFFICE	-	MAR (10 18 MM '65
TRANSPORTER GAS	_		
OPERATOR			
PRORATION OFFICE			
Operator Stendard 011 Co	ompany of Texas, a d	iv. of California	011 Company
Address			
3610 Ave. S,		749	
Reason(s) for filing (Check proper box		Other (Please explain)	- ⁰
New Well	Change in Transporter of: Oil Dry Ga		r & operator
Change in Ownership	Casinghead Gas Conden		
		Box 123, Maljamar	N. M.
If change of ownership give name and address of previous owner	Leonard Nichols, 1	Box 123, Maljamar,	
DESCRIPTION OF WELL AND	IFASE		
L. DESCRIPTION OF WELL AND Lease Mame	Well No. Pool Nar	ne, Including Formation	Kind of Lease
Iles Federal	1 Malj	amar (G-3A)	State, Federal or Fee FCU •
Location .	a Gauth	660	West
Unit Letter <u>1</u> ; 66	0 Feet From The South Lin	e and Feet Fro	om The
Line of Section 🧣 , To	wnship 17 S Range 3	E , NMPM, Le	a County
1 <u></u>			
I. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	S Address (Give address to which ap	proved copy of this form is to be sent)
Continental Pipe	<u>^</u>	Artesia, N. M.	
Name of Authorized Transporter of Ca	isinghead Gas 👗 or Dry Gas 🗌	Address (Give address to which ap	proved copy of this form is to be sent)
Phillips Petroleu		Barthsville, Ok	
If well produces oil or liquids,	Unit Sec. Twp. Rge. L 9 178 32E	Is gas actually connected?	When.
give location of tanks.	d		
If this production is commingled with the complexity of the complexity of the commingle of	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	on (X) Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res'v
		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.D.1.1.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
TEST DATA AND DEOUEST E	TOP ALLOWARIE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIAN	NUE	UIL CONSER	VATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		ву	
above is true and complete to th			
it is me	1. January and the second s		
janjon stila Nači Joži Kalagiji	C. HELM L. C. Helm		in compliance with RULE 1104.
(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	
Production Foreman		tests taken on the well in accordance with RULE 111.	
(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
February 26,		Fill out Sections I. II.	III, and VI only for changes of owner
(Date)		well name or number, or transporter, or other such change of condition.	

Fill out Sections 1, 11, 111, and VI only 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.