	NO. OF COPIES RECEIVED			
	DISTRIBUTION SANTA FE		DNSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
	FILE	A FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 ANDHOBRE CONState C.C.		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE		May 1 2 34 PH '67	
	IRANSPORTER OIL	·		
	GAS			
	OPERATOR PRORATION OFFICE		M	AY 1, 1970, STANDARD OL
Ι.		ov of Texas		OMPANY OF TEXAS IS CHANG
	Operator Standard Oil Company of Texas A Division of Chevron Oil Company CHEVRON OIL COMPANY.			
	A Division of Chevron Oll Company Address 3610 Avenue S			
	Address 3610 Avenue S Snyder, Texas 7954	9		
	Reason(s) for filing (Check proper box)		Other (Please explain) Change of lease	name and well number due
	New Well	Change in Transporter of:	- to unitization.	
	Recompletion	Oil Dry Ga Casinghead Gas Conden		Federal #28
	Change in Ownership			
	If change of ownership give name			
	and address of previous owner			
И.	ESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, including Fo	ormation Kina of Leu	
	Maljamar (Grayburg) Unit	58 Maljamar (Gray)	burg-San Andres)State, Feder	aler to 09970
Location Unit LetterJ; 1980 Feet From The South Line and 1980 Feet From The East				East
				The
	10 -	nship 175 Range	32E , NMPM,	Lea County
	Line of Section 10 Tow	nship 1/5 Hange	<u> </u>	
***	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
111.	Name of Authorized Transporter of Oil	α or Condensαte	Address (Give daaress to which app	oved copy of this form is to be sent)
	Texas New Mexico Pipeline		P.O. Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent)	
,	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent) P.O. Box 6666, Odessa, Texas	
	Phillips Petroleum Compa			hen hen
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually commented	nen
	give location of tanks. WATER INJECTION WELL NAMES			
	f this production is commingled with 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	n = (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			· · · · · · · · · · · · · · · · · · ·	This and Denth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				Depth Casing Shoe
	Perforations			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<b>_</b>	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow-
			Producing Method (Flow, pump, gas	lift, etc.)
	Date First New Oil Run 16 Lanks			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Lender of fort			
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas • MCF
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	BDIA. Condensator Minor	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	resting Method (pilot, back pil)			
* **			OIL CONSERV	ATION COMMISSION
VI	. CERTIFICATE OF COMPLIANCE			
	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.			
			01	
			TITLE	
	EUM Cants		This form is to be filed in compliance with RULE 1104.	
	E. W. McGants		is a state to a superior of a newly drilled or deepened	
	E. W. MCGANUS (Signature)		well, this form must be accompanied by a tabulation of the doriation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	District Engineer			
	(Title)		able on new and recompleted wells.	
	April 28, 1967		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.	
	(Date)		Separate Forms C-104 must be filed for each pool in multiply	
	· · ·		completed wells.	