NO. OF COPIES REC	EIVED	
DISTRIBUTIO	ОИ	
SANTA FE		
FILE		
u.s.g.s.		
LAND OFFICE		
ÍRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	FICE	
Operator	n n e	~

II.

III.

IV.

V.

VI.

(Signature)

Production Foreman

February 26, 1965

DISTRIBUTION SANTA FE	DEQUEST	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL O	C. C. Effective 1-1-65
LAND OFFICE OIL		Mag 1 8 58	W , p3
TRANSPORTER GAS		MAK	
OPERATOR			
PRORATION OFFICE Operator			
	Company of Texas, a d	iv. of California Oi	1 Company
Address 3610 Ave. S,	Snyder, Texas 7974	9	
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		r & operator
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	E TEOURT O NTC	hols
If change of ownership give name and address of previous owner	Leonard Nichols,	Box 123, Maljamar,	и. м.
DESCRIPTION OF WELL AND	LEASE		
Lease Mame	Well No. Pool Na	me, Including Formation	Kind of Lease
Iles Federal β_a	ttery 3 28 Mal	jamar (U-SA)	State, Federal or Fee Fed.
Unit Letter $oldsymbol{J}$; $oldsymbol{1}$	180 Feet From The South Lin	ie and <u>1980</u> Feet From T	The Fost
10			
Line of Section 10 , To	ownship 17 S Range 3	2 E , NMPM, Lea	County
Name of Authorized Transporter of Oi		Address (Give address to which appro-	ved copy of this form is to be sent)
Texas-New Mexico Name of Authorized Transporter of Co		Midland, Texas Address (Give address to which appro-	ved copy of this form is to be sent)
Phillips Petroleu		Bartlesville, Okla	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en
give location of tanks.			11-20-62
COMPLETION DATA	ith that from any other lease or pool,		
Designate Type of Completi	on - (X) Gas Well Gas Well On - (X) On - (X)	New Well Workover Deeper. Total Depth	Plug Back Same Res'v. Diff. Res'v.
Date Spaaea	Date Compt. Ready to Frod.	Total Depth	F.S.1.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft etc.)
Date First New Oil Hun 10 Idiks	Date of Test	Producing Method (1 tow, pump, gas to	,, , , , , , , , , , , , , , , , , , , ,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF
GAG WIDE Y			
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
CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION COMMISSION
Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	, 19
	e best of my knowledge and belief.	ВУ	
		TITLE	
		m	Common military management

This form is to be filed in compliance with RULE 1104. L. C. Helm

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, 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.