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| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| | | 1 ' |

District Engineer

April 23, 1967

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

| | U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE MAY 2 34 PM '67 | | | | | |
|---|--|---|--|---|--|--|
| | | | | | | |
| | | | | | | |
| | TRANSPORTER GAS | | 2 34 111 01 | | | |
| | OPERATOR | | | | | |
| ı. | PRORATION OFFICE | | | | | |
| | Operator Standard Oil Company of Texas A Division of Chevron Oil Company | | | | | |
| | | | | | | |
| | Address 3610 Avenue S 70546 | | | İ | | |
| | Snyder, Texas 79549 | , | Other (Please explain) | | | |
| | Reason(s) for filing (Check proper box) | Change in Transporter of: | Change of lease r | name and well number due | | |
| | New Well | Oil Dry Gas | to unitization. | | | |
| | Recompletion Change in Ownership | Casinghead Gas Condens | sate | March on MTRE MR | | |
| | Change in Ownership County to County the County th | | | | | |
| | If change of ownership give name | | | | | |
| and address of previous owner | | | | | | |
| 11. | DESCRIPTION OF WELL AND I | EASE | rmation Kind of Lease | Lease No. | | |
| | Maljamar (Grayburg) Unit: 53 Maljamar (Grayburg-San Andres) State, Federal or Fee Legging | | | | | |
| | | | | | | |
| | Unit Letter E : 1980 Feet From The North Line and 6607/ Feet From The West | | | | | |
| | | | | County | | |
| | Line of Section 10 Town | nship 17S Range | 32E , NMPM, Lea | County | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | |
| III. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil | ER OF OIL AND NATURAL GAS or Condensate | Address (Give address to which appro- | | | |
| | Texas New Mexico Pipelir | le | P.O. Box 1510, Midland, | Texas | | |
| | Name of Authorized Transporter of Cast | | Address (Give address to which approv | ed copy of this form is to be sent) | | |
| | Phillips Petroleum Compa | | P.O. Box 6666, Odessa, | Texas | | |
| | | Unit Sec. Twp. Rge. | Is gas actually connected? Whe | 1 | | |
| | If well produces oil or liquids, give location of tanks. | E 10 178 32E | Yes | 1963 | | |
| | If this production is commingled with | | give commingling order number: | | | |
| īV | If this production is commingled with COMPLETION DATA | that from any other lease of poor, | | Plug Back Same Res'v. Diff. Res'v. | | |
| | | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completio | | | P.B.T.D. | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | |
| | | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producting Formation | | | | |
| | | | | Depth Casing Shoe | | |
| | Perforations | | | | | |
| | | TUBING, CASING, AND | CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | | | | | | |
| | | | | · | | |
| | | | | | | |
| | | | | | | |
| v | . TEST DATA AND REQUEST FO | RALLOWABLE (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 | Date of Test | Ploaderid Marioa is sail bank, | | | |
| | | Tubing Pressure | Casing Pressure | Choke Size | | |
| | Length of Test | I uping Plessme | | | | |
| | Actual Prod. During Test | Oil-Bbis. | Water - Bbls. | Gas-MCF | | |
| | Actual Prod. During 1481 | | | | | |
| | | | | | | |
| | GAS WELL | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | |
| | | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| | | | \ | | | |
| VI | VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | | |
| · • | | | , 19 | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | 11 | | | | |
| | Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | |
| ROOVE IS THE SHE COMPLETE | | | | | | |
| | Eum Cants | | | | | |
| | | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | | |
| | E. W. McCants | | If this is a request for allo | wable for a newly drilled or deepened inied by a tabulation of the deviation | | |
| (St west) | | If this is a request for allowable for a how 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 only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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