| NO. OF COPIES REC | CIVEO |   |
|-------------------|-------|---|
| DISTRIBUTIO       | ОИ    |   |
| SANTA FE          |       |   |
| FILE              |       |   |
| U.S.G.S.          |       |   |
| LAND OFFICE       |       |   |
| TRANSPORTER       | OIL   | _ |
| TRANSI ON EN      | GAS   |   |
| OPERATOR          |       |   |
| PRORATION OF      | FICE  |   |
|                   |       |   |

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| NO. OF COPIES RECI  | CIVEO      |          |   |                                |   |  |  |
|---|------------|----------|---|--------------------------------|---|--|--|
| DISTRIBUTIO   | МС         |          | NEW MEXICO OIL C  | CONSERVATION COMMIS            | <b>s</b> : ,                                    | Form C-104   |  |
| SANTA FE  |            |          | REQUEST   |                                | Supercedes Old C-104 and C-<br>Effective 1-1-65 |  |  |
| FILE  |            |          |   | 4. 6                           |   |  |  |
| U.S.G.S.  |            |          | AUTHORIZATION TO TRA                                      | ANSPORT OIL AND N              | ATURAL GAS                                      |  |  |
| LAND OFFICE   |            |          |   | MAY 2 51                       |   | •  |  |
| TRANSPORTER   | OIL        |          | •   | THE . U.                       | . f = 1.43 - <b>8</b> f                         |  |  |
| GAS   |            |          |   |                                |   |  |  |
| OPERATOR  |            |          |   |                                |   |  |  |
| PRORATION OF  | ICE        |          |   |                                |   | STANDARD ON  |  |
| Operator Standar  | d Oil C    | Chavro   | of Texas<br>n Oil Company                                 |                                |   | TEXAS <b>IS CHANG</b><br>ATING N <b>A</b> ME <b>TO</b> |  |
| A Divis<br>Address 3610 Av<br>Snyder,                         | anua S     |          | <u> </u>  |                                | CHEVRON OIL                                     | . COMPANY.   |  |
| Reason(s) for filing<br>New Wall<br>Recompletion              | (Check pro | per box) | Change in Transporter of: Oil Dry Go Casinghead Gas Conde | as to uniti                    | f lease name                                    | and well number du                                     |  |
| Change in Ownership  If change of owners  and address of prev | hip give r | er       |   | rormerty                       | A. U. IGJ                                       |  |  |
| <u>DESCRIPTION O</u><br>Lease Name<br>Maliamar (Gra           | · .        |          | Well No.; Pool Name, including r                          | Formation<br>/burg-San Andres) | Kind of Lease<br>State, Federal or Fee          | Lease No   |  |

| 11.         | DESCRIPTION OF WELL AND I                                      | LEASE       |                 |                   |   |                | Kind of Leas  | <u> </u>       |               | Legse No.       |
|-------------|--|-------------|-----------------|-------------------|---|----------------|---------------|----------------|---------------|-----------------|
|             | Lease Name   | Well        | No. Pool N      | Jame, Including F | Formation   | ļ              |               |                |               | Fedge Ho.       |
|             | Maljamar (Grayburg) Unit                                       | 66          | Malj            | amar (Gray        | /burg-Sar   | n Andres)      | State, Federa | I OL F. ee     | Fee           | 1               |
|             | Location   |             |                 |                   |   |                |               |                |               |                 |
|             | Unit Letter L : 198  | 30 Feet     | From The_       | South Li          | ne and  | 660_           | Feet From     | The W          | est           |                 |
| •           |  | mship       | 17S             | Range             | 32E   | , ММРМ,        | Lea           |                |               | County          |
| 27 <b>4</b> | DESIGNATION OF TRANSPORT                                       | rea of C    | IL AND          | NATURAL G         | AS  |                |               |                |               |                 |
| ***         | Name of Authorized Transporter of Oil                          | [X] (       | or Condense     | ate               | Address (G  | ive address to | which appro   | ved copy of th | is form is to | ) be sent)      |
|             | Texas New Mexico Pipelin                                       | ne .        |                 |                   | P.O. Bo   | ox 1510,       | Midland       | , Texas        |               |                 |
|             | Name of Authorized Transporter of Cas                          |             | s 💢 or          | Dry Gas           | Address (Give address to which approved copy of this form is to be sent |                |               |                |               | be sent)        |
|             | Phillips Petroleum Compa                                       |             |                 |                   | P.O. Bo   | ox 6666,       | Odessa,       | Texas          |               |                 |
|             | Phillips Petroleum Comp  | !           | ally connected  |                   |   |                |               |                |               |                 |
|             | if well produces oil or liquids, give location of tanks.       | Unit ;      | 1060            |                   |   | 2              |               |                |               |                 |
|             |  | <del></del> |                 |                   | wine commi  | nalina order   | number:       |                |               |                 |
|             | If this production is commingled wit                           | h that from | n any othe      | r lease or pool,  | give commi  | merme oraci    |               |                |               |                 |
| IV.         | COMPLETION DATA  |             | Oil Well        | Gas Well          | New Well  | Workover       | Deepen        | Plug Back      | Same Res      | v. Diff. Res'v. |
|             | Designate Type of Completion                                   | n = (X)     | i               | ł                 | 1   |                | i<br>i        |                | ,<br>,<br>,   | <u> </u>        |
|             | Date Spudded Date Compl. Ready to Prod.                        |             |                 |                   |   | h              |               | P.B.T.D.       |               | ••              |
|             | Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation |             | Top Oil/Gas Pay |                   |   | Tubing Depth   |               |                |               |                 |
| *           |  |             |                 |                   |   |                |               | Depth Casi     | ng Shoe       |                 |
|             | Perforations   |             |                 |                   |   |                |               |                |               |                 |
|             |  |             | TUBING          | G, CASING, AN     | D CEMENT  | ING RECOR      | )             |                |               |                 |
|             | UOL 5 \$175  | CAS         |                 | BING SIZE         |   | DEPTH SE       |               | S              | ACKS CEM      | ENT             |
|             | HOLE SIZE  | U 10        |                 |                   |   |                |               |                |               |                 |

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbie. Actual Prod. During Test

| GAS WELL                         |                           |                           |                       |  |
|----------------------------------|---------------------------|---------------------------|-----------------------|--|
| 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            |  |

TITLE \_

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

| above       | 18         | true | ana | complete | to the | Dest   | 01 111 | y Kilowi | ougo a | .,, |
|-------------|------------|------|-----|----------|--------|--------|--------|----------|--------|-----|
|             |            |      | r   | 1. "     | for a  |        | _      |          |        |     |
| رسيخ        | //         | N    | رس  | lein     | 14     |        |        |          |        |     |
| 9           |            |      | /   | ny       |        |        |        |          |        | •   |
| <u>E: W</u> | <u>. :</u> | CQ   | nts | <u> </u> |        |        |        |          |        |     |
|             |            | 7    |     |          | (Sign  | asure) |        |          |        |     |
| <b>n</b>    |            |      |     |          |        |        |        |          |        |     |

(Title)

District Engineer

April 28, 1967 (Date) OIL CONSERVATION COMMISSION

| APPROVED_ | 5  |     |       | , 19 |
|-----------|----|-----|-------|------|
| <b>X</b>  | 指数 | * 1 | * • • |      |
| DTE       |    |     |       |      |

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

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 only Sections I. II. III, and VI 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.

| NO. OF COPIES RECEIVED  |   |  |   |
|---|---|--|---|
| DISTRIBUTION  | NEW MEXICO OIL  | CONSERVATION COMMISSION  | Form C-104  |
| SANTA FE<br>FILE  | REQUEST   | FOR ALLOWABLE  | Supersedes Old C-104 and C-1                                    |
| U.S.G.S.  |   | AND  | BBS OFFICE O. C. C.   |
| LAND OFFICE   | AUTHORIZATION TO TR   | AND ANSPORT OIL AND NATURA                                       | L GAS   |
| RANSPORTER   OIL  | !<br>!  | חאיי   | ' 10 19 Ä <b>H '65</b>  |
| GAS   |   |  | •   |
| OPERATOR  |   |  |   |
| I. PRORATION OFFICE   |   |  |   |
| Standard Oil (  | Company of Texas, a   | div. of California   | a Oil Company   |
| Address 3610 Ave. S,  | Snyder, Texas 797   | 49   |   |
| Reason(s) for filing (Check proper bo   | ox)   | Other (Please explain)   |   |
| New Well  | Change in Transporter of:   | Former owner   | er & operator   |
| Hecompletion  | Oil Dry G   | as Leonard Ni  | chols   |
| Change in Ownership   | Casinghead Gas Conde  | ensate   |   |
| If change of ownership give name and address of previous owner  | Leonard Nichols,  | Box 123, Maljamar  | , N. M.   |
| II. DESCRIPTION OF WELL AND   | LEASE   |  |   |
| A. C. Taylor "E"  | Battery 2 Well No. Pool N.  | ame, Including Formation  [aljamar (G-SA)                        | Kind of Lease State, Federal or Fee                             |
| Location Unit Letter L ; 19   | 980 Feet From The South Li  | . 660  | West  |
| 11  | 17 S  | 32 E Les   | om The  |
| Ente of Section , 19  | ownship Range   | , NMPM,  | County  |
| III. DESIGNATION OF TRANSPOR  | il or Condensate  | Address (Give address to which ap                                | proved copy of this form is to be sent)                         |
| Texas-New Mexico  | · · · · · · · · · · · · · · · · · · ·                                     | Midland, Texas   |   |
| Name of Authorized Transporter of C   |   |  | proved copy of this form is to be sent)                         |
| Phillips Petrolev   |   | Bartlesville,  |   |
| If well produces oil or liquids, give location of tanks.  | K <sup>nit</sup> Se <b>11</b> 17. 8 Rg 32                                 | Is gas act vely connected?                                       | <sup>When</sup> 1962  |
|   | ith that from any other lease or pool,                                    | give commingling order number:                                   |   |
| V. COMPLETION DATA  | Oil Well Gas Well   | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v.                            |
| Designate Type of Complet   |   | l beepen   | Trag Dack Same 1(65 V. Diff. 1(es-V.                            |
| Date Spudded  | Date Compl. Ready to Prod.  | Total Depth  | P.B.T.D.  |
|   |   |  |   |
| [ col   | Name of Producing Formation   | Top Cil/Gas Pay  | Tubing Depth  |
| Perforations  |   |  | Depth Casing Shoe   |
| , sile. Miles   |   |  | : Depth Cusing Shoe   |
|   | TUBING, CASING, AN  | D CEMENTING RECORD   |   |
| HOLE SIZE   | CASING & TUBING SIZE  | DEPTH SET  | SACKS CEMENT  |
|   |   |  |   |
|   | <del> </del>  |  |   |
|   |   |  |   |
| V. TEST DATA AND REQUEST F  | FOR ALLOWABLE (Test must be a   | ofter 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, gas                                | lift, etc.)   |
| Length of Test  | Tubing Pressure   | Casing Pressure  | Choke Size  |
|   |   |  | eneme elbe  |
| Actual Prod. During Test  | Oil-Bbls.   | Water-Bbls.  | Gas - MCF   |
|   |   |  |   |
|   |   |  |   |
| GAS WELL Actual Prod. Test-MCF/D  | Length of Test  | Bbls, Condensate/MMCF  | Crawity of Condonnata   |
| 11000 1 | Long III of Test  | Bbis. Condensate/www.cr  | Gravity of Condensate   |
| Testing Method (pitot, back pr.)  | Tubing Pressure   | Casing Pressure  | Choke Size  |
| VI. CERTIFICATE OF COMPLIAN   | ICE   | OIL CONSERV  | /ATION COMMISSION   |
|   | ·   |  |   |
|   | regulations of the Oil Conservation                                       | APPROVED   | , 19  |
|   | with and that the information given<br>e best of my knowledge and belief. | B  |   |
|   | and benefit   |  |   |
|   |   | TITLE  |   |
|   | L. C. Helm  | This form is to be filed in                                      | n compliance with RULE 1104.                                    |
| 70:   |   | If this is a request for all                                     | owable for a newly drilled or deepened                          |
| Production Fo   | nature)<br>O <b>r</b> e <b>man</b>  | well, this form must be accome tests taken on the well in accome | panied by a tabulation of the deviation cordance with RULE 111. |
|   | itle)   |  | must be filled out completely for allow-                        |
| February 26,  |   | able on new and recompleted Fill out Sections I. II. I           | wells.<br>II, and VI only for changes of owner,                 |
|   | ate)  |  | orter, or other such change of condition.                       |
|   |   | Separate Forms C-104 m   | ust be filed for each pool in multiply                          |
|   |   | . commetee wells.  |   |