NO. OF COPIES RECEIVED				
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104	
SANTA FE	REQUEST	DECLIECT ECD ALLOWADLE Supersedes Old Calculated Ca		
FILE		AND	SEFFICE G. C. C.	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OH AND MATHRAL	CAS	
TOIL		mak }	10° 16 AH '65	
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator Standard 311	Co. of Texas, a div	of California Ail	Cornomi	
Address			oomban <b>a</b>	
Reason(s) for filing (Check proper bo	<u> </u>	79749 Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry G	~ <u> </u>	er & operator	
Change in Ownership	Casinghead Gas Conde	ensate Leonard Ni	c no ls	
If change of ownership give name and address of previous owner	Leo nar d Michols,	box 123, Maljamar	af M	
DESCRIPTION OF WELL AND	LEASE			
Lease Name  A. C. Taylor "D"		ame, Including Formation  ljamar (G-SA)	Kind of Lease State, Federal or Fee <b>Fee</b>	
Location	.O Feet From The North Li		<sub>n The</sub> West	
	ownship 17 Range	32 , NMPM, Lea		
Line of Section —————, 1	Truinge	, Idon tol	sout,	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of O	il or Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
Texas-new dexico Pipeline Co.		Midland, Texas  Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas				
Phillips Petroleum  Henry reduces oil or liquids Unit Sec. Twp. Rge.		Bartlesville, Okl		
If well produces oil or liquids, give location of tanks.	H 14 17 32	Yes	1962	
If this production is commingled w. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res	
		1	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producina Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top all	
OIL WELL	able for this d	lepth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Land Tank	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	Choke 312e	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
3				
1				
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 COMPLIANCE		OIL CONSERVATION COMMISSION		
		ABBROVER		
	I regulations of the Oil Conservation with and that the information given		, 19	
above is true and complete to the	he best of my knowledge and belief.	BY		
		TITLE		
	e in the second process of the second proces	This form is to be filed in	n compliance with RULE 1104.	

D. C. Helm

(Signature)

Production Foreman (Title)

February 26, 1965

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.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.