NO. OF COPIES RECEIVED		= a ,		
DISTRIBUTION SANTA FE		ONSERVATION COMMISS	Form C-104 Supersedes Old C-104 and C-110	
FILE	REQUEST	FOR ALLOWABLE AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS	
LAND OFFICE		,		
TRANSPORTER GAS				
OPERATOR			-	
PRORATION OFFICE				
Leonard Nichols				
Address				
	Securities Bldg., Dallas	s, Texas 75201 Other (Please explain)		
Reason(s) for filing (Check proper box) New Well	Chance in Transporter of:	Change in operat	cor only effective 1/1/65	
is completion	Oil Dry Ga	Former operator	r, Wm. B. Nichols	
Change in Ownership	Casin thead Gas Conder	nsate		
If change of ownership give name				
and address of previous owner				
. DESCRIPTION OF WELL AND I	LEASE Well No. Pool No.	me, Including Formation	Kind of Lease	
		Maljamar	State, Federal or Fee State	
Phillips State		Marjamar		
Unit Letter_ C ;;	Feet i'rom TheLir	ne and Feet Fro	m The	
Line of Section 16 , Tow	riship 17S Range	33E , NMPM, Lea	a County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)	
ļ		Box 1510, Midland, Tex	xas	
Texas New Mexico Pipe	inghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)	
Phillips Petroleum Co	ompany Tunit Sec. Twp. Rge.	Bartlesville, Oklahom	aWhen	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 16 175 33E	Yes		
If this production is commingled wit				
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	V Control Formation	Top Oil/Gas Pay	Tubing Depth	
['ool	Name of Producing Formation	Top Ony Gus Pay		
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & FOBING SIZE			
V. TEST DATA AND REQUEST F	OP ALLOWARIE (Test must be	after recovery of total valume of load	oil and must be equal to or exceed top allow	
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, ga	s tijt, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Length of Yest				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
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	
resung Method (pitot, back pr.)	Juning 1 1000mio			
I. CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
		ADDEAUSE	19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		$\frac{1}{2}$	AFFROVED	
above is true and complete to th	e best of my knowledge and belief	BY_	May	
		TITLE		

(Signature)

(Title)

(Date)

Agent

1-22-65

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.

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

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.