

OPERATOR PRORATION OFFICE	OPERATOR Leonard Nichols
PRORATION OFFICE 1101 Mercantile Securities Bldg., Dallas, Texas, 75201	Address 1101 Mercantile Securities Bldg., Dallas, Texas, 75201
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter or Owner <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Change in Chain of Title <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Change in Chain of Title <input type="checkbox"/>
	Change in operator only effective 1/1/65 Former operator, Wm. B. Nichols

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips State	Well No. 6	Pool Name, including Formation Maljamar	Kind of Lease State, Federal or Free State State
Location Unit Letter K	Foot From Top	Line and	Foot From The
Line of Section 16	Township 17S	Range 33E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line Company	Box 1510, Midland, Texas
Name of Authorized Transporter of Commingled Oil <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks.	Is gas actually commingled? When
K 16 17S 33E	yes

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	Flow Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Flow Back <input type="checkbox"/>	Some Resrv. <input type="checkbox"/>	Eff. Resrv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	L.P.F.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Thomas B. Lession
(Signature)
Agent
(Title)
1-22-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *J. A. [Signature]*
TITLE **SECRETARY**

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 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.

