

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AMENDED  
NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

NOV 16 12 01 PM '65

I. Operator  
**MURPHY H. BAXTER**  
Address  
**1126 Vaughn Building, Midland, Texas 79704**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Change of Lease Name**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State 18</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Maljamar (G-SA)</b>	Kind of Lease State, <del>XXXXXXXX</del>
Location Unit Letter <b>L</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>693.65</b> Feet From The <b>West</b> Line of Section <b>18</b> , Township <b>17-S</b> Range <b>33-E</b> , NMPM, <b>Lea</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Room B-2, Phillips Building, Odessa, Texas</b>					
If well produces oil or liquids, give location of tanks. <b>L</b>	Unit <b>18</b>	Sec. <b>17-S</b>	Twp. <b>33-E</b>	Rge. <b>Yes</b>	Is gas actually connected? <b>Yes</b>	When <b>4-24-59</b>

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>3-26-59</b>	Date Compl. Ready to Prod. <b>4-24-59</b>	Total Depth <b>4479'</b>	B.B.T.D. <b>4460'</b>					
Pool <b>Maljamar</b>	Name of Producing Formation <b>Grayburg-San Andres</b>	Top Oil/Gas Pay <b>4129'</b>	Tubing Depth <b>3971'</b>					
Perforations <b>4129'-36', 4185'-92', 4196'-4206', 4218'-25', 4241'-50', 4260'-68', 4284'-94', 4364'-80'.</b>		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <b>4477'</b>				
HOLE SIZE <b>12-1/2"</b> <b>7-7/8"</b>	CASING & TUBING SIZE <b>8-5/8"</b> <b>5-1/2"</b> <b>2-3/8"</b>	DEPTH SET <b>201'</b> <b>4477'</b> <b>4149'</b>	SACKS CEMENT <b>150 sxs</b> <b>150 sxs &amp; 1200 gals.</b> <b>Cealment</b>					

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 Run 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-MMCF/D	Length of Test	Bbls. Condensate/MMCF	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.

*W. U. Sumner*

PETROLEUM ENGINEER

(Title)

November 10, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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.