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DISTRIBUTIO	ON	_
SANTA FE		
FILE		_
ບ.3.G.S.		Ī
LAND OFFICE		_
18ANSPORTER	OIL	
	GAS	_
OPERATOR		
PRORATION OF	FICE	

	SANTA FE FILE U.S.G.S.	REQUEST	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-11 Effective 1-1-65	
Ĩ	LAND OFFICE IBANSPORTER OIL GAS OPERATOR PRORATION OFFICE	- - - - -		TORNE OAS		
	Operator Shamfard Of R Company of	f Texas - A Division o	of Chevron Oil Com	nanv	JuL	1108
	Attaicus				J	√n ,
	Reason(s, Check proper box)	Other (Please ex	plain)	ω	<u> </u>
	New Well Recompletion	Change in Transporter of: Oil Dry Ge		in Battery I ve 7-1-67.	ocatio	n c m
	Change in Ownersh.p	Casinghead Gas Conde		/e /=1-0/.	물	0 5
	If change of ownership give name and address of previous owner				67	
H	DESCRIPTION OF WELL AND					
	Maljamar (Grayburg) Uni	it 67 Maljamar (Gra	yburg-San Andres 5to	nd of Lease ite, Federal or Fee	Fee	Lease No.
	Location Unit Letter 44 . 650					
	,	Lii		eet From The	West	
	Line of Section 11 Tov	wnship 17S Range	32E , NMPM,	Lea		County
III.	DESIGNATION OF TRANSPORT	TER OF CIL AND NATURAL GA	Address (Give address to w	hich approved copy	of this form is to	he senti
	Texas-New Mexico Pipeli	ine Company	P. O. Box 1510, M	idland, Tex	as	
	Name of Authorized Transporter of Cas Phillips Petroleum Comp		Address (Give address to w. P. O. Box 6666, O			be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	<u> </u>	
	give location of tanks. If this production is commingled with	K				
IV.	COMPLETION DATA	Oil Well Gas Weil			Back Same Res	Diff Books
	Designate Type of Completio	n - (X)	New Well Workover	peepen Fing E	der Same Nes-	l Diff. Nes-v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	.D.	
	Elevations (DF, RXB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	J Depth	
	Perforations			Depth	Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEM	ENT
v.	TEST DATA AND REQUEST FO		fter recovery of total volume o	f load oil and must	be equal to or ex	ceed top allow-
	Ott. WELL Date First New Cil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pu	mp, gas lift, etc.)		
	Length of Test .	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Teat	Cil-Bbls.	Water-Bbis.	Gas-M	ICF	
	GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	y of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		24	
			Cusing Freshule Cande-111	Choke	5120	
VI.	CERTIFICATE OF COMPLIANC	Œ	OIL CON	SERVATION	COMMISSION	
	I hereby certify that the rules and re Commission have been complied w	ith and that the information given	APPROVED		, 1	9
	above to true and complete to the	beat of my knowledge and belief.	BY			
	A		TITLE			
	T. O. S.	Hard	This form is to be If this is a request	for allowable for	a nawly drilled	i or despenda
	Sila Spillion servisor	ture)	well, this form must be tests taken on the well	in accordance w	ith AULE 111.	
	(Tiel	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	June 30, 1957 (Dat				er such change	of condition.
			Separate Forms C- completed wells.	104 must be file	d for each poo	ol in multiply

Form C-104 Supersedes Old C-104 and C-110

NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 i.C.C. FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS u.s.g.s. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Standard Oil Company of Texas A Division of Chevron Oil Company Address 3610 Avenue S Snyder, Texas 79549
Reason(s) for filing (Check proper box) Other (Please explain)
Change of lease name and well number due Change in Transporter of: New Well to unitization. Dry Gas Recompletion Oil Formerly: A. C. Taylor "E" #4 Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ H. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease Maljamar (Grayburg-San Andres) State, Federal or Fee Fee 67 Unit Maljamar (Grayburg) Location 660 West 660 South Line and Feet From The Feet From The Unit Letter 11 <u>32</u>E , NMPM, Lea County 17S Range Line of Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline P.O. Box 1510, 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 🗀 P.O. Box 6666, Odessa, Texas Phillips Petroleum Company Is gas actually connected? Unit Twp. P.ge if well produces oil or liquids, 17S 32E 1963 N 11 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v Gas Well New Well Workover Plug Back Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) v. Test data and request for allowable OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bble. Gas - MCF Actual Prod. During Test Oil-Bble. GAS WELL Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE . 19 -APPROVED

BY.

TITLE

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.

McQants

(Date)

(Signature)

District Engineer

(Title)

April 28, 1967

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

If this is a request for allowable for a nowly drilled or despened 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