	. OF CO EIVED				
	DISTRIE ION SANTA FE FILE	NEW MEXICO OIL REQUEST	CONSERVATION COMMISSIC	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	GAS	
	TRANSPORTER OIL GAS	-	AUG 7 12 21	ill '69	
_	OPERATOR			MAY T, 1970, STANDARD OIL	
I.	Operator			COMPANY OF TEXAS IS CHANG	
	Standard Oil Company of Texas - A Division of Chevron Oil Company RON OIL COMPANY				
	3610 Avenue 8 - Enyder, Texas 79549 Reason(s) for filing (Check proper box)				
	New Well	Change in Transporter of:	Other (Please explain)	tery location	
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	as effective 8-1	-69.	
	If change of ownership give name and address of previous owner				
И.	DESCRIPTION OF WELL AND LEASE				
	Maljamar (Grayburg) U		Formation Kind of Let MIRG-San Andres State, Fede		
	Unit Letter 0 ; 33	O Feet From The South Li	ne and Feet From	n The East	
	Line of Section 11 To	ownship <b>178</b> Range	32 <b>2</b> , NMPM,	Les County	
[1].	DESIGNATION OF TRANSPOR	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🕱 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)			
	Texas-New Mexico Pipe Name of Authorized Transporter of Co	Line Company		<b>idland, Texas</b> roved copy of this form is to be sent)	
	Phillips Petroleum Co	Kpany	P. O. Box 6666. 0		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 10 178 321	is gas actually connected?	/hen	
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
	Designate Type of Completi	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Dlif. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Perforations Depth Casing Shoe				
	HOLESIZE	TUBING, CASING, ANI CASING & TUBING SIZE	D CEMENTING RECORD		
				SACKS CEMENT	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	l and must be sough to an exceed too allow	
			fter recovery of total volume of load oil and must be equal to or exceed top allow- pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV		
	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. J. D. Webb (Signature) Lead Production Engineer (Title) August 4, 1969		APPROVED		
			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 allow- able on new and recompleted wells.		
1			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 Formu C-104 must be filed for each pool in multiply		

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MAY ILLISZO, GLAFIDARD DALD, DM COMPARIT FLUXSCO, CHAFIG BRC HET CONDUCT FLUXSCO, CHAFIG CHOYP, CONDUCT, SHUTS

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	NO. OF COPIES RECEIVED     Form C-104       DISTRIBUTION     NEW MEXICO OIL CONSERVATION COMMISSION     Form C-104       SANTA FE     REQUEST FOR ALLOWABLE     10805 0%F1\$supersedes Old C-104 and C-1       FILE     AND     Effective 14-65					
	FILE U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL C	SAS 9 01 AH '67		
	TRANSPORTER OIL					
1.	OPERATOR PROBATION OFFICE					
	Operator Standard Oil Company of Texas - A Division of Chevron Oil Company Address					
	3610 Avenue S - Snyder, Texas					
	Reason(s) for filing (Check proper box,		Other (Please explain)	· · · · · · · · · · · · · · · · · · ·		
	New Well	Change in Transporter of: Oil Dry Ga		tery Location.		
	Change in Ownership	Oil Dry Ga Casinghead Gas Conder		-01.		
	If change of ownership give name and address of previous owner					
Π.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.					
	Maljamar (Grayburg) Uni Location		burg-San Andres)State, Federa			
		DFeet From TheSouth_Lin				
		vnship 17S Range	<u>32Е , ммрм, Lea</u>	, County		
112.	Name of Authorized Transporter of Oli Pexas-New Mexico Pipel:		Address (Give address to which approv	_		
	Name of Authorized Transporter of Cas		P. O. Box 1510, Midland Address (Give address to which approp	ved copy of this form is to be sent)		
	Phillips Petroleum Comj If well produces oil or liquids,	Dany Unit Sec. Twp. Rge.	P. O. Box 6666, Odessa, Is gas actually connected?			
	give location of tanks.	K 11 175 32E	<u> </u>			
	If this production is commingied with that from any other lease or pool, give commingling order number: COMPLETION DATA OII Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completio	n - (X)				
	Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth		
	Perforations Depth Casing Shoe					
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	Test data and request F(	DR ALLOWABLE (Test must be as		and must be equal to or exceed top allow-		
	DIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Teat	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/MMCF	Gravity of Condensate		
	Testing Mothod (picot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size		
¥1.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	I hereby certify that the ruled and regulations of the Oil Conservation Commission have been complete to the best of my knowledge and belief. J. C. Bull and Complete to the best of my knowledge and belief. Brilling Supervisor (Signature) June 30, 1967 (Date)		APPROVED	. 19		
			TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nowly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tosts taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able 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 filled for each pool in multiply			

ſ	NO. OF COPIES RECEIVED				
	DISTRIBUTION		INSERVATION COMMISS		Form C-104
	SANTA FE		OR ALLOWABLE	L	Supersedes Old C-104 and C-110
Ì	F;1_2		AND an an	. C. C.	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRAN			
ĺ	LAND OFFICE		Hay 1 2 2	2 11 6/	
	TRANSPORTER GAS				
	OPERATOR				
	Operation OFFICE	and Toxas	· · · · · · · · · · · · · · · · · · ·		}
	A Division of Chevron Oil Company				
	Address or a construction of the				
	Reason(s) for filing (Check proper box)	۶ 	Other (Please ex	ıplain)	
	New Weli	Change in Transporter of:	Change of	lease name	e and well number due
	Recompletion	Oii Dry Gas	Encourse Survey	<b>y:</b> W. B.	Trimble 45
	Change in Ownership	Casinghead Gas Condens		<u></u>	
	If change of ownership give name and address of previous owner				
п.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	rmation K	ind of Lease	Lease No.
	Maljamar (Grayburg) Unit	1. 1.	ourg-San Andres) <sup>s</sup>	ate, Federal or F	ee Fee
	Location		1080		-West 7 A
	Unit Letter ;330	Feet From TheSouth Line	and	Feet From The	
	Line of Section 11 Tow	nship 17S Range	32Е , ммрм,	Lea	County
-					
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of OII	CER OF OIL AND NATURAL GA	Address (Give address to		opy of this form is to be sent)
	Texas New Mexico Pipelin	1e	P.O. Box 1510, M	fidland, Te	exas
	Name of Authorized Transporter of Cas		Address (Give address to P.O. Box 6666, (		opy of this form is to be sent) (AS
	Phillips Petroleum Compa	Unit Sec. Twp. P.ge.	Is gas actually connected		
	If well produces oil or liquids, give location of tanks.	0 11 17S 32E	Yes	 	1963
	If this production is commingled wit	h that from any other lease or pool,	give commingling order n	umber:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plu	ig Back   Same Res'v. Diff. Res'v.
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.1	B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tu	bing Depth
				Da	pth Casing Shoe
	Perforations Depth Cushig shoe				
	· · · · · · · · · · · · · · · · · · ·	TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	·	SACKS CEMENT
					······································
			<u> </u>		
٧.	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours)		must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, zas lift, et	c.)
		Tubing Pressure	Casing Pressure	Cr	noke Size
	Longth of Tost				
	Actual Prod. During Toat	Oll-Bbis.	Water-Bble.	Ga	18 - MCF
		<u> </u>	<u>]</u>	L	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gr	avity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-1	.m) Cł	noke Size
	reating worked (prot, been pry				
v:.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
			APPROVED		
	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.				
	Stemp Cantos		TITLE		
				at for allowable	pliance with RULE 1104. a for a newly drilled or despended
	E. M. MoCanto (Sign	ature)	If this is a require well, this form must tests taken on the w	be recomposied	2 24 9 reprintion of the destruction
	District Engineer		All sections of t	his form must b	e filled out completely for allow-
	•	ile)	able on new and rec	ompleted wella.	t and VI for changes of owner,
	April 28, 1967	ate)	well name or number,	or transporter, c	or other such change of condition.

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 wella.

	<b>-</b>				
NO. OF COPIES RECEIVED	-				
SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-114		
FILE		AND HO	Supersedes Old C-104 and C-11: BBC DF Effective 1-1-65 C. C. C.		
U.S.G.S.	AUTHORIZATION TO TRA	AND HO NSPORT OIL AND NATURAL O	AS		
LAND OFFICE		riar	1 10 20 AH 'CS		
IRANSPORTER GAS			Lo nil UJ		
OPERATOR					
I. PRORATION OFFICE					
Standard Oil Co	Standard Oil Co. of Texas, a div. of California Oil Company				
Address					
•	3610 Ave. S, Snyder, Texas 79749 eoson(s) for filing (Check proper box) Other (Please explain)				
New Well	ew Weil Change in Transporter of:				
Hecompletion					
Change in Ownership					
If change of ownership give name	Leonard Nichols, E	Box 123, Maljamar,	N • M •		
and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE	ne, Including Formation	Kind of Lease		
W. B. Trimble "O"		Ljamar (G-SA)	State, Federal or Fee Fee		
Location	· · · · · · · · · · · · · · · · ·	1980	East		
	OFeet From TheLin	_			
Line of Section <b>11</b> , To	ownship 17 S Range	32 E <sub>, NMPM</sub> , Lea	County		
		C.			
Name of Authorized Transporter of O:		Address (Give address to which approx	ved copy of this form is to be sent)		
Texas-New Mexico		Midland, Texas			
Name of Authorized Transporter of Co Phillips Petroleu		Address (Give address to which approx Bar tlesville, Okl			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When Yes	<sup>en</sup> 1963		
give location of tanks.	0 11 17 S 32 1		1900		
If this production is commingled w V. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back   Same Restv.   Diff. Restv.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations		<u> </u>	Depth Casing Shoe		
	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEFINSE	SACKS CEMENT		
	-				
V TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow		
OIL WELL					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	<i>ft, etc.)</i>		
Length of Test	Tubing Pressure	. Casing Pressure	Choke Size		
		Water - Bbls.	Gas+MCF		
Actual Prod. During Test	Oil-Bbls.	water-Bois.	Gds-MCr		
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		
VI. CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
I hereby certify that the rules and	l regulations of the Oil Conservation	APPROVED	, 19		
Commission have been complied	with and that the information given ne best of my knowledge and belief.	BY			
Lette is the and complete to th					
			· · · · · · · · · · · · · · · · · · ·		
C. MALA	L. C. Helm		compliance with RULE 1104. wable for a newly drilled or deepened		
(Sig	nature)	well, this form must be accompa	nied by a tabulation of the deviation		
Production For		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	ritle) OR 5	able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,			
February 26, 1	Date)	well name or number, or transpor	ter, or other such change of condition		
		1. Caracta Forma C-104 mus	t be filed for each pool in multiply		

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