| | NO. OF COPIES RECEIVED | | | | | |
|-------------|--|---|--|--|--|--|
| ļ | SANTA FE | | | | | |
| | LAND OFFICE | | | | | |
| | CPERATOR MAY 1, 1970, STANDARD OIL | | | | | |
| | PROPATION OFFICE | | | | | |
| •• | Operator Standard Oil Company of Texas ING ITS OPERATING NAME IN | | | | | |
| | A Division of Chevron Oil Company Adoress 3610 Avenue S 70549 | | | | | |
| | Reason(s) for filing (Check proper box) | 9 | | Other (Please explain) Change of lease N | ame and well number due | |
| | New Well Change in Transporter of: Recompletion Oil Dry Gas | | - + a unitization. | | | |
| | Recompletion Change in Ownership | Casinghead Gas Condens | | Formerly: I | les Federal #32 | |
| | If change of ownership give name and address of previous owner | | | | | |
| п. | ESCRIPTION OF WELL AND LEASE Lease No. Lease Name Well No. Pool Name, Including Formation Kind of Lease Fodowal LCase No. | | | | | |
| | aljamar (Grayburg) Unit: 9 Maljamar (Grayburg-San Andres)State, Federal or Fee Federal 059576 | | | | | |
| | Location | ocation Couth | | | | |
| | | | | | | |
| | Line of Section 3 Township 17S Range 32E , NMPM, Lea County | | | | | |
| 111. | DESIGNATION OF TRANSPORT | or Condensαte | Address { | Give address to which approv | ed copy of this form is to be sent) Texas | |
| | Texas New Mexico Pipeline | | P.O. Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent) | | | |
| | Phillips Petroleum Compa | any GPM So Corporation | P.O. E | lox 6666, Odessa, | Texas | |
| | If well produces oil or liquid s, give location of tanks. | Unit Sec. Twp. Ege. WATER INJECTION WELL | Yés | | n | |
| IV. | f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA | | | | | |
| | Designate Type of Completion - (X) | | New Well | Workover Deepen | | |
| | Date Spuadea | Date Compl. Ready to Prod. | Total Dep | h . | P.B.T.D. | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/C | Gas Pay | Tubing Depth | |
| | Perforations Depth Casing Shoe | | | | | |
| | | TUBING, CASING, AND | CEMENT | DEPTH SET | SACKS CEMENT | |
| | HOLE SIZE | CASING & TUBING SIZE | + | DEPTHSET | | |
| | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| v | TEST DATA AND REQUEST F | DRALLOWABLE (Test must be a, | fter recover | y of total volume of load oil | and must be equal to or exceed top allow- | |
| • | OIL WELL able for this de, Date First New Oil Hun To Tanks Date of Test | | | pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) | | |
| | Date Flist New Oli Aun 10 Faire | Aun to tanks Date of toot | | | Choke Size | |
| | Length of Teat | Tubing Pressure | Casing P | 1028719 | CHOKE GIVE | |
| | Actual Prod. During Test | Oii-Bbla. | Water - Bi | bla. | Gas - MCF | |
| | | | | | | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Co | ndensate/MMCF | Gravity of Condensate | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing P | ressure (Shut-in) | Choke Size | |
| 1 /1 | CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | | |
| | | | APPROVED, 19 | | | |
| | 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. | | BY | | | |
| | a second and a second and a second and a second | | TITLE | | | |
| | EUN/ Cants | | T | This form is to be filed in compliance with RULE 1104. | | |
| | E, M. M. Office | | 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 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. | | | |
| | (Signature) | | | | | |
| | (Title) | | | | | |
| | April 28, 1937 (Date) | | weil n | 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 | | |
| | | | i compl | eted wells. | | |