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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

U.S. OFFICE D. C. C.
MAR 1 8 57 AM '65

I. Operator
Standard Oil Co. of Texas, a div. of California Oil Company

Address
3610 Ave. S, Snyder, Texas 79749

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)
Former owner & operator Leonard Nichols

If change of ownership give name and address of previous owner
Leonard Nichols, Box 123, Maljamar, N. M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Iles Federal Battery 3	Well No. 31	Pool Name, Including Formation Maljamar (G-SA)	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter K ; 2140 Feet From The South Line and 2180 Feet From The West Line of Section 3 , Township 17 S Range 32 E , NMPM, Lea 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"/> Texas- New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla.	
If well produces oil or liquids, give location of tanks. H 10 17S 32E	Unit H	Sec. 10
	Twp. 17S	Rge. 32E
	Is gas actually connected? Yes When	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE. (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)

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
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

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

STATEMENT OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

D. C. Helm
(Signature)
Production Foreman
(Title)
February 26, 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.