í	HO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	ONSERVATION COMMISSIC FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85 AS
<b>I</b> .	LAND OFFICE  TRANSPORTER OIL GAS  OPERATOR PRORATION OFFICE  Operator  Apache Exploration (	Corporation		
	Address P. O. Box 2299, Tule Reason(s) for filing (Creck proper box) New Well Recompletion Change in Ownership If change of ownership give name De and address of previous owner	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden:	sate	lland, Texas 79701
	DESCRIPTION OF WELL AND I Lease Name Maljamar North Unit Location Unit Letter	2 Vest Kemnitz-	Lower Woffcamp State, Federal	or Fee State G-5489
	31		33E , МИРМ, Lea	County
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA          Name of Authorized Transporter of Oil       or Condensate         The Permian Corporation         Name of Authorized Transporter of Casinghead Gas         Name of Authorized Transporter of Casinghead Gas         Or Dry Gas         Phillips Petroleum Company		P. O. Box 1183, Houston, Texas Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, Oklahoma	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 31 168 33E	Is gas actually connected? Whe Yes	1/5/65
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number: No	t applicable
	Designate Type of Completio Date Spudded		Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
¥.	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 allow- able for this depth or be for full 24 hours)         Date First New Oil Bun 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-Bbla.	Ga <b>s</b> - MCF
			1	
ı	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
¥I.	CERTIFICATE OF COMPLIANCE		AUG 14 1972	
	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	Orig. Signed by Joe D. Ramey Dist. I, Supr.
	Regional Production Administrator		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-	
	(Title) August 8, 1972 (Date)		All Sections of this form 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 completed wells.	



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REAL CONTO

AUC 100012 OIL (MSEE AT COLLAM. CHUBLO, N. D. COLLAM.

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