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| DISTRIBUTE | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR HIGH CONTROL C. C. C. AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

| | LAND OFFICE | AUTHURIZ | ATION TO TR | MUCCHA | 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | MYE? | iA3 | | |
|---------------|--|-----------------------------|------------------|---------------|---------------------------------------|----------------|--|---------------------------------------|--|
| | TRANSPORTER OIL MAY 1 1070 CTANDARD OF | | | | | | | | |
| | OPERATOR COMPANY OF TEXAS IS CHANG- | | | | | | | | |
| 1. | PRORATION OFFICE | ING ITS OPERATING NAME TO | | | | | | | |
| | Operator CHEVRON OIL COMPANY. Standard Oil Company of Texas - A Division of Chevron Oil Company | | | | | | | | |
| | Address | | | | | | | | |
| | <u> </u> | yder, Texas | 79549 | ·· | 0.1 (0) | | ······································ | | |
| | Reason(s) for filing (Check proper box |) Change in Tra | asporter of: | | Other (Please To combi | ne produ | ction with well | i numbers | |
| | Recompletion | 011 | Dry G | ias 🔲 | 1, 2, 6, | 8, 10, | 12, 14, 49, 51 | , 55, 57, | |
| | Change in Ownership | Casinghead Go | s Conde | ensate | 61, 63, | and 64. | Effective June | 16, 1907 | |
| | If change of ownership give name | • | | | | | | | |
| | and address of previous owner | | | | | | | , , , , , , , , , , , , , , , , , , , | |
| 11. | DESCRIPTION OF WELL AND LEASE Formerly Des "X" Federal #6 Lease Name Well No. Pool Name, Including Formation Kind of Lease No. | | | | | | | | |
| | Maljamar (Grayburg) Uni | 1 1 | Ljamar Grayi | | Andres | | or Fee Federal | IC 06415 | |
| | Location | | | | | | | | |
| | Unit Letter K; 198 | Feet From Th | e South | lne and 1 | 980 | _ Feet From ' | The West | | |
| | Line of Section 10 Tox | vnship 178 | Range | 32 E | , NMPM, | | Lea | County | |
| | 2 | | | | | | | | |
| III. <u>1</u> | DESIGNATION OF TRANSPORT | | | AS Address (| Give address t | o which approx | ved copy of this form is t | o be sent) | |
| | Texas-New Mexico Pipel | | | 1 . | Box 1510, | | | · | |
| | 'Name of Authorized Transporter of Car | singhead Gas 🌉 | or Dry Gas | Address (| Give address t | o which appro | ved copy of this form is t | o be sent) | |
| | Phillips Petroleum Com | Unit Sec. | Twp. Rge. | | Box 6666, ually connecte | | | | |
| | If well produces oil or liquids, give location of tanks. | H 10 | 178 328 | | Yes | | 9-19-64 | | |
| | If this production is commingled wi | | | | | number: | | | |
| | COMPLETION DATA | Oil We | | New Well | Workover | Deepen | Plug Back Same Res | s'v. Diff. Res'v. | |
| | Designate Type of Completic | | | 1 | 1 | | |) i | |
| | Date Spudded | Date Compl. Ready | to Prod. | Total Dep | th | | P.B.T.D. | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top OU/G | Top Oil/Gas Pay | | Tubing Depth | | |
| | Lievations (Dr., RRB, RI, GR, etc.) | Name of Froducing | i dimation | 1000 | rab I ay | | | | |
| | Perforations Depth Casing Shoe | | | | | | | | |
| | | TURI | NG, CASING, AI | ID CEMENT | ING RECOR | D | | | |
| | HOLE SIZE | T | UBING SIZE | | DEPTH SE | | SACKS CEN | MENT | |
| | | | | | · | | | # | |
| | | | | | | ···· | | | |
| | | | | | | | | | |
| V. | TEST DATA AND REQUEST F | OR ALLOWABLE | (Test must be | after recover | y of total volu r full 24 hours | me of load oil | and must be equal to or | exceed top allow | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | able joi this | | Method (Flow | | ft, etc.) | | |
| | | | | | | | | | |
| | Length of Test | Tubing Pressure | | Casing Pa | essure | | Choke Size | | |
| | Actual Prod. During Test | Oil-Bbls. | | Water - Bb | la. | | Gas - MCF | | |
| | | | | | | | | | |
| | CAC WELL | | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | | Bbls. Cor | densate/MMC | F | Gravity of Condensate |) | |
| | | | | 01 5 | ressure (Shut | -121 | Choke Size | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure | Shut-in j | Casing Pi | ressure (Shuc | | Chore Size | | |
| VΙ | CERTIFICATE OF COMPLIAN | CE | | | SIL (| CONSERVA | TION COMMISSIO | N | |
| ٧. | CERTIFICATE OF COMPENS | 02 | | | | | | | |
| | I hereby certify that the rules and | regulations of the | Oil Conservation | · / | OVED | | | 19 | |
| | Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | BY_ | | | | | | |
| | Λ | | | TITLE | | | | | |
| | EINCA. I. | $\overline{}$ | | Th | is form is to | be filed in | compliance with RUL | E 1104. | |
| | 5NII Vaus | | | | hin form muse | The accompa | wable for a newly drill inied by a tabulation | of the devisition | |
| | E. W. SCURIUS (Sign | ature) | | tests t | aken on the | well in acco | rdance with RULE 11 | 1. | |

(Title)

(Date)

Sume 13, 1967

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 completed wells.