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LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND PRODUCTION P.E.O.C.
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
 MAY 1 2 39 PM '67

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

OPERATOR
 Grayburg Oil Company of Texas
 6510 Avenida S
 Snyder, Texas 79549

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) Change of lease name and well number due to unitization. Formerly: Iles "X" Federal #7
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Maljamar (Grayburg) Unit	Well No. Pool Name, Including Formation Maljamar (Grayburg-San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0315713
Location Unit Letter <u>8</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>3</u> Township <u>17S</u> Range <u>32E</u> , NMPM, <u>Lee</u> County			

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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6666, Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
<u>8</u> <u>3</u> <u>17S</u> <u>32E</u> Yes	

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.					
Elevations (DF, RKB, RT, GR, etc.)	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 rate)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Procedure	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 Method (flow, back pr.)	Tubing Procedure (Stuc-12)	Casing Pressure (Stuc-12)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

[Signature]

 (Signature)

 (Title)

 (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 data taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowance 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.
 One Form C-104 must be filed for each pool in multiply wells.