NO. OF COPIES REC	EIVED	i	
DISTRIBUTI			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
ARERATOR			Ī

April 28, 1967

(Date)

### NEW MEXICO OIL CONSERVATION COMMISS. REQUEST FOR ALLOWABLE

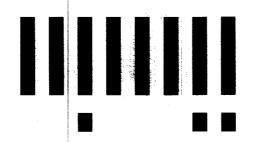
Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FILE			AND $M_{\mathrm{B}}$ and $M_{\mathrm{B}}$ and $M_{\mathrm{B}}$ and $M_{\mathrm{B}}$
u.s.c.s.			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
LAND OFFICE		 1	May   2 st FM '67
TRANSPORTER	OIL		i in a man ili di
- ANSFORTER	GAS		

	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL			
	LAND OFFICE	- May 1 2 st PM '67				
	TRANSPORTER GAS					
	OPERATOR		•			
1.	Operation Office Operator Standard Oil Compa	MAY 1, 1970, STANDARD OIL				
	A Division of Chev	ron Oil Company	COMPANY OF TEXAS IS CHANG- ING ITS OPERATING NAME TO			
	Address 3610 Avenue S Snyder, Texas 7954	.9	CHEV	RON OIL COMPANY.		
	Reason(s) for filing (Check proper box)		Other (Please explain) Change of lease	name and well number due		
	New Well Recompletion	Change in Transporter of: Oil Dry Go	- to unitization.			
	Change in Ownership	Casinghead Gas Conder	The Party and the 1	les Federal #33		
	If change of ownership give name			. ·		
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, including r				
	Maljamar (Grayburg) Unit		burg-San Andres)State, Feder			
	Unit Letter 0; 660	Feet From The South Lin	e and 1980 Feet From	The East		
	Line of Section 10 Tow	mship 17S Range	32E , NMPM, Lea	County		
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	AS Address (Give address to which appro	wed convol this form is to be sent!		
	Name of Authorized Transporter of Oil Texas New Mexico Pipelii	or Condensate   Ne	P.O. Box 1510, Midland	, Texas		
	Name of Authorized Transporter of Cas		Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleum Compa	any Tunit Sec. Twp. Rge.	P.O. Box 6666, Odessa, Is gas actually connected? Wh	en		
	If well produces oil or liquids, give location of tanks.	H 10 178 32E	Yes	9-6-64		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
14.	Designate Type of Completio	on - (X) 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		
				Depth Casing Shoe		
	Perforations					
			DEPTH SET	. SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEFINISE			
				<i>i</i> •		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)						
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	(ft, etc.)		
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Control Lines ma			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas - MCF		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Caudiu or rear				
	Testing Method (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE	Œ	OIL CONSERVA	LTION COMMISSION		
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.			APPROVED	, 19		
			ву			
			TITLE			
	EUN Cans		This form is to be filed in	compliance with RULE 1104.		
	E. W. McCants		If this is a request for allow	wable for a newly drilled or deepened		
	District Engineer	iture)	tests taken on the well in acco	rdance with RULE 111.		
	District Engineer (Tie	ile)	All sections of this form an able on new and recompleted w	est be filled out completely for allowells.		

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.







**Job separation sheet** 

		TATES	SUBMIT IN TRIP	TE*	Form approve Budget Burea	ed. .u No. 42–R1424.	
DEPARTMENT OF THE INTERIOR (Other instructions of the company of t			5. LEAS		AND SERIAL NO.		
		<b>REPORTS C</b>	ON WELLS ach to a different reservoir.	6. IF IN	DIAN, ALLOTTEE	OR TRIBE NAME	
OIL GAS	1		. 30 IN 60	7. UNIT	AGREEMENT NA	ME	
NELL WELL	OTHER CATHER		· · · · · · · · · · · · · · · · · · ·	8. FARM	OR LEASE NAM	Batter	
A DIVISION OF ADDRESS OF OPERATOR	Chevren Cil Cingo	ay .		9. WELI	Federal !	Report 3	
3610 Avenue S - Sayder, Zume					33		
LOCATION OF WELL (Repo See also space 17 below. At surface	ort location clearly and in acco )	ordance with any	State requirements.*	10. FIE	D AND POOL, OR	WILDCAT	
Units O; 660 F	SL and 1980 PHL of	Section 1	0, 7-178, 3-328	11. SEC	., T., B., M., OR B. URVEY OR AREA	LR. AND	
	•			Į.	0-17-32		
4. PERMIT NO.	15. ELEVATIONS	(Show whether DF,	•	12. cou	NTY OR PARISH	13. STATE	
i.	Check Appropriate Box	To Indicate N	ature of Notice, Report,	or Other Da	ta		
NOT	ICE OF INTENTION TO:			BSEQUENT REPO			
TEST WATER SHUT-OFF	PULL OR ALTER CA	ASING	WATER SHUT-OFF		REPAIRING W	TELL	
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLE ABANDON*	TE	FRACTURE TREATMENT SHOOTING OR ACIDIZING		ALTERING CA	[	
REPAIR WELL	CHANGE PLANS		(Other)	milesy to	ABANDONMEN	T I	
(Other)			(Note: Report re Completion or Re	sults of multip	le completion o	m Well	
onse associ mot:	ice of intention t	o shoot or	ons and measured and true v	mll.			
ense cancel mot	ice of intention t	o shoot or					
3. I hereby certify that the SIGNED	e foregoing is true and correct			ell.	ATE	<b>A</b> 11, 19	
SIGNED	e foregoing is true and correct or State office use)		acidise subject t	DA	ATE	<b>A</b> 11, 196	

\*See Instructions on Reverse Side

MAR 14 1966

## PAR 15 M 8E 1

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Instructions

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963--O-685229

867-851







Job separation sheet

Form 9-331 (May 1963)	UN TO STATES DEPARTMENT OF THE INT	(Other instructions	Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.		
	GEOLOGICAL SURVEY	·	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	RY NOTICES AND REPORT of Toppgals to drill or to deepen or p ose "APPLICATION FOR BEAUTITH" for su		O. IF INDIAN, ALLOTTER OR TRIBE NAME		
1. OIL GAS G	· 43 III 83		7. UNIT AGREEMENT NAME		
WELL WELL	OTHER		S. FARM OR LEASE NAME		
A Division of C	served Oil Go. formerly Ca	lifornia Gil Co.	lles Peteral Report #3		
3. ADDRESS OF OPERATOR	. Santar. Sema		9. WELL NO.		
<b>—</b> — — — — — — — — — — — — — — — — — —	port location clearly and in accordance with	any State requirements.*	10. FIRE AND POOL OR WILDCAT		
	MEL and 1900' FEL of Section	on 10, 7-178, A-325	11. SEC., T., B., M., OR BLK. AND		
·	•		SURVEY OR AREA		
14	15. ELEVATIONS (Show wheth	on DW DW (ID. ota.)	12. COUNTY OR PARISH 13. STATE		
14. PERMIT NO.	4105 G	in the state of th	Len Nov Maries		
16.	Check Appropriate Box To Indica	Nature of Notice Report of	- Other Data		
	TICE OF INTENTION TO:		EQUENT REPORT OF:		
TEST WATER SHUT-OFF	<del></del> -	WATER SHUT-OFF	REPAIRING WELL		
FRACTURE TREAT	MULTIPLE COMPLETE  ABANDON*	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ABANDONMENT*		
SHOOT OR ACIDIZE REPAIR WELL	CHANGE PLANS	(Other)			
(Other)	CHANGE TEAMS	(Note: Report rest	nits of multiple completion on Well mpletion Report and Log form.)		
eidine with 2000 driv hine woller	500 gal vest acts.	204/1000 thr Lorines.			
will tubing and p	d smb seid out. salber.				
has peroduction of	iring and place on product	lon.			
18 I hereby certify that t	he foregoing is true and correct				
Bh()	· · · · · · · · · · · · · · · · · · ·	Land Prilling Enginee	na namni Suban Bali bila		
SIGNED DO	TITLE	THE DESTROY AND ADDRESS.	DATE SILVE		
(This space for Federal	al or State office use)				
APPROVED BY	TITLE		DATE		
CONDITIONS OF APPROVAL, IF ANY:			Control of the same states		
		ही तथा है। 			
			77 - <b>2</b> 9 <b>19</b> 63		
	*~ ! .	tions on Reverse Side			

\*See Instructions on Reverse Side

ţ

1. 2. 3.

# Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Consult local Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. State or Federal office for specific instructions. Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963---O-685229

67-85

į. P







Job separation sheet

#### NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S LAND OFFICE MAR 1 8 59 6H '65 TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Standard Oil Co. of Texas, a div. of California Oil Company 3610 Ave. S. Snyder, Texas 79749 Reason(s) for filing (Check proper box) Other (Please explain) Former owner and operator Change in Transporter of: Recompletion Leonard Nichols Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_ Leonard Nichols, Box 123, Maljamar, N. M. II. DESCRIPTION OF WELL AND LEASE ol Name, Including Formati Well No. Po Kind of Lease Iles Federal Battey 3 **3**3 Maljamar (G-SA) State, Federal or Fee $\,\,$ ${f Fed}_{ullet}$ Location Feet From The South 660 1980 East Line and Feet From The 10 , Township 17 S 32 E , NMPM. Lea Line of Section Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condenscte | | Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Co. Midland, Texas Address (Give address to which approved copy of this form is to be sent)

or Dry Gas

32E

Gas Well

L. C. Helm

17E

ansporter of Casinghead Gas

G

Date of Test

Oil-Bbls.

Tubing Pressure

Length of Test

Tubing Pressure

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)

(Title)

(Date)

Production Foreman

February 26, 1965

10

Date Compl. Ready to Prod.

Name of Producing Formation

CASING & TUBING SIZE

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

Oil Well

Phillips Petroleum

HOLE SIZE

Date First New Oil Run To Tanks

Designate Type of Completion - (X)

TEST DATA AND REQUEST FOR ALLOWABLE

If well produces oil or liquids,

aive location of tanks

IV. COMPLETION DATA

Pool

Perforations

OIL WELL

Length of Test

**GAS WELL** 

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

Bartlesville, Okla.

DEPTH SET

Producing Method (Flow, pump, gas lift, etc.)

(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)

9-6-64

Plug Back

P.B.T.D.

Tubing Depth

Choke Size

Gas - MCF

Choke Size

Gravity of Condensate

Depth Casing Shoe

SACKS CEMENT

Same Res'v. Diff. Res'v.

Is gas actually connected?

Yes

Total Depth

TUBING, CASING, AND CEMENTING RECORD

Top Oil/Gas Pay

Casing Pressure

Bbls. Condensate/MMCF

Casing Pressure

Water-Bbls.

APPROVED	, 19
ВУ	
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