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TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
BOOD ATION OF			

July 28, 1967

## NEW MEXICO OIL CONSERVATION GOMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110

FILE	NE WOES	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TI	RANSPORT OIL AND NATURAL	<b>4</b> 4557
LAND OFFICE			ישרישן
TRANSPORTER OIL	_	,	MAY 1, 1970, STANDARD OT
GAS	_	•	COMPANY OF TEXAL IS CHANGE
OPERATOR		ı	NG ITS OPERATING NAME TO
PRORATION OFFICE Operator			CHEVRON OIL COMPANY
	of Texas - A Division		,,
Address	OI TENAS - A DIVISION	or oneviou our company	
3610 Avenue S - Sn	vder Texas 79549		ι
Reason(s) for filing (Check proper b	oox)	Other (Please explain)	· · · · · · · · · · · · · · · · · · ·
New Well	Change in Transporter of:		ry location. Combine wit
Recompletion	Citi Dry	Gas 🔲 Well Nos. 29, 30	), 31, 37, 39, 41, 43, 45
Change in Ownership	Casinghead Gas Con-	densate and 47. Effecti	ive August 1, 1967.
If change of ownership give name and address of previous owner	).		
DESCRIPTION OF WELL AN	D LEASE   Well No.   Pool Name, Including	Formation Kind of Lea	se Lease No.
Maljamar (Grayburg)	1	yburg-San Andres) State, Feder	alor Fee FEE
Location	33   100	,	4
Unit Letter A ;	670 Feet From The North	line and 770 Feet From	The East
Jan Better	. cott tom the	r eet r rom	
Line of Section 9	Township 17S Range	32E , NMPM, Lea	L County
	RTER OF OIL AND NATURAL O	GAS	
Name of Authorized Transporter of (	<b>—.</b>	Address (Give address to which appr	
Texas-New Mexico Pipe		P. O. Box 1510, Midla	
'Name of Authorized Transporter of (		Address (Give address to which appr	
Phillips Petroleum Co		<u></u>	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen
give location of tanks.	L   9   178   321	Yes :	
	with that from any other lease or poo	l, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
Designate Type of Comple		The most most and the second	1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date spaced	Sate Compilitieday to Flour	local Bopin	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
, , , , , , , , , , , , , , , , , , , ,	,   · · · · · · · · · · · · · · · · · ·		
Perforations			Depth Casing Shoe
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	OEPTH SET	SACKS CEMENT
		•	
TEST DATA AND REQUEST		after recovery of total volume of load of	l and must be equal to or exceed top allo
OIL WELL	able for this	depth or be for full 24 hours)	26 1
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ujt, etc.j
	Gulden Daniel	Casha Brazza	Choke Size
Length of Test .	Tubing Pressure	Casing Pressure	CRORT SIZE
Table 1 Dead Dead Dead	Oil-Bbis.	Water - Bbls.	Ggs-MCF
Actual Prod. During Test	OII-BBIS.	Water - Bare.	0450.
l			<u> </u>
CAR WITH I			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		•	
CENTIFICATE OF COURT	NCF	OH CONSERV	ATION COMMISSION
CERTIFICATE OF COMPLIA	NUL	OIL CONSERV	WILIOM COMMISSION
Thereby and the state of the st	d completions of the Oil Company	APPROVEO	, 19
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 TO STATE OF THE	
CIIM Charles	<b>3</b>	TITLE	•
guil cants	This form is to be filed in compliance with RULE 110		
E. W. Mcgants		If this is a request for allo	wable for a newly drilled or deepend anied by a tabulation of the deviation
,	gnature)	tests taken on the well in acco	ordance with RULE 111.
District Engineer		All sections of this form to	ust be filled out completely for allow
(	Title)	able on new and recompleted w	ells.

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