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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator **STANDARD OIL COMPANY OF TEXAS**
A Division of Chevron Oil Company

Address **3610 Avenue B - Snyder, Texas**

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) **Note correct location of tanks.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Iles X Federal	Well No. 8	Pool Name, Including Formation Mal Jamar Grayburg-San Andres	Kind of Lease State, Federal or Fee Federal
Location Unit Letter N ; 330 Feet From The South Line and 1980 Feet From The West Line of Section 10 , Township 17S Range 32E , NMPM, Lee County			

III. 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 666 - Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit C Sec. 10 Twp. 17S Rge. 32E	Is gas actually connected? Yes When Immed. following completion

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input checked="" type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 6-5-65	Date Compl. Ready to Prod.	Total Depth 4183'	P.B.T.D. 4150'					
Pool Mal Jamar Grayburg-San Andres	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 3819'	Tubing Depth 3878'					
Perforations 3819, 51, 53, 58, 75, 81, 83, 3905, 07, 09, 73, 77, 81, 83, 4117, 19, 25, 27	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 4183'					
HOLE SIZE 11" 7-7/8" 4 1/2" casing	CASING & TUBING SIZE 8-5/8" 4 1/2" 2-3/8"	DEPTH SET 305' 4183' 3878'	SACKS CEMENT 200 sxs. to surface 550 sxs.					

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-24-65	Date of Test 7-25-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure None	Casing Pressure None	Choke Size None
Actual Prod. During Test 2 BO	Oil-Bbls. 2	Water-Bbls. 1	Gas-MCF 5.78

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

B. Davidson (Signature)
Lead Drilling Engineer (Title)
August 27, 1965 (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 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 completed wells.