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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

Aug 30 7 34 AM '65

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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Note correct lease name and location of tanks
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fls I Federal 2	Well No. 9	Pool Name, Including Formation Maljamar (Grayburg-San Andres)	Kind of Lease State, Federal or Fee Federal
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 10 , Township 17S Range 32E , NMFM, Lea 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 Co.	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 Co.	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 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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-16-65	Date Compl. Ready to Prod. 7-12-65	Total Depth 4200'	P.B.T.D. 4158'					
Pool Maljamar	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 3814'	Tubing Depth 3960'					
Perforations 3819, 3821, 3823, 3825, 3864, 3866, 3894, 3896, 3985, 3987, 3989	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Size 4200'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8"	308'	200 lbs. to surface					
7-7/8"	5 1/2"	4200'	556 lbs.					
5 1/2"	2-3/8"							

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 7-21-65	Date of Test 7-22-65	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 38	Oil-Bbls. 38	Water-Bbls. 2	Gas-MCF 97.3

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.