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## NEW MÉXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 17 AM '65 Standard Gil Company of Texas 3610 Avenue S. Snyder, Texas 79549
(s) for filing (Check proper box) Reason(s) Other (Please explain) X New Well Oil Dry Gas Recompletion Change in Ownership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Maljamar (Grayburg-San Andres) State, Federal or Fee Federal ILES "X" FEDERAL REPORT 2 Location ; 660 Feet From The **South** Line and 660 Feet From The \_ **Fest** Unit Letter County , NMPM, Line of Section , Township 175 Range 32E III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Texas-New Mexico Pipeline Company P.O. Box 1510. Midland. Texas

Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔃 or Dry Gas P.O. Box 6666, Odessa, Texas Phillips Petroleum Company Is gas actually connected? When immediately following Rae. Unit Sec. Twp. If well produces oil or liquids, 10 Yes completion 32E give location of tanks. 175 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Deepen Oil Well Gas Well New Well Workover Designate Type of Completion - (X) X X P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 4158' 4200 7-12-65 6-16-65 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Pool Maljamar Grayburg-San Andres 3960 Grayburg-San Andres 3814 (#301) 3819, 3821, 3823, 3825, 3864, 3866, 3868, 3894, 3896, 3985 Depth Casing Shoe 4200' 3987, 3989 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 200 exe. to surface 8 **5/**8 308' 110 42001 550 sxs. 7 7/8" 5<u>}</u> <del>2 3/8"</del> 51 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks 7-22-65 Pump 7-21-65 Choke Size Casing Pressure Tubing Pressure Length of Test None None 24 hours None Gas - MCF Water - Bbls. Actual Prod. During Test Oil-Bbls. 97.3 38 38 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Casing Pressure Choke Size Tubing Pressure Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. TITLE \_ This form is to be filed in compliance with RULE 1104.

(Signature) District Engineer (Title)

(Date)

July 23, 1965

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.