

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

Operator Standard Oil Company of Texas A Division of California Oil Company	
Address 3610 Avenue B - Snyder, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 Elas Federal	Well No. 35	Pool Name, Including Formation Maljamar (Grayburg-San Andres)	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter B	660 Feet From The West Line and 1980 Feet From The North		
Line of Section 9	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"/> CONTINENTAL Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Maljamar, Texas ARIZONA, N.M.					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Okessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit L B	Sec. 9	Twp. 17S	Rge. 32E	Is gas actually connected? Yes	When Immediately following completion of well

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-9-65	Date Compl. Ready to Prod. 6-15-65	Total Depth 4110'	F.B.T.D. 4074'					
Pool Maljamar (Grayburg-San Andres)	Name of Producing Formation Grayburg - San Andres	Top Oil/Gas Pay 3747'	Tubing Depth 3866'					
Perforations 4070, 52, 58, 61, 63, 3837, 47, 62, 75, 77, 86, 3901, 03, 05, 3747, 49, 82, 84, 85, 98.	Depth Casing Shoe 4110							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		952		550 ans to surface			
7-7/8"	4 1/2"		4110		400 ans.			
	2-3/8"		3876					

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 6-15-65	Date of Test 6-16-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure 0	Choke Size
Actual Prod. During Test 34	Oil-Bbls. 24	Water-Bbls. 0	Gas-MCF 96.4

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.

E. V. McCants
(Signature)
E. V. McCants
District Engineer
(Title)
June 18, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Joe W. Ramsey**
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.

