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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

AUG 27 11 24 AM '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) Other (Please explain)

New Well ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Iles Federal	Well No. 37	Pool Name, Including Formation Maljamar Grayburg-San Andres	Kind of Lease State, Federal or Fee Federal
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West			
Line of Section 9 , Township 17S Range 32E , NMPM, 100 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) Artesia, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 9	Twp. 17S
	Rge. 32E	Is gas actually connected? No When Done, after 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 7-26-65	Date Compl. Ready to Prod. 8-19-65	Total Depth 4150		P.B.T.D. 4180					
Pool Maljamar Grayburg-San Andres	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 3785		Tubing Depth 3848				
Perforations 3785, 87, 89, 91, 3813, 15, 20, 22, 24, 35, 37, 47, 49, 51, 53, 54, 66, 75, 77, 97, 99, 3811, 13, 15, 22, 24, 34, 36, 38, 40, 42, 44, 46, 50, 4071, 70, 81, 83.		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 4149					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"		8-5/8"		299'		150 ans. to surface			
7-7/8"		4 1/2"		4150		535 ans.			
3-3/4"		2-3/8"		3848		-			

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 8-20-65	Date of Test 8-20-65	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24	Tubing Pressure 22	Casing Pressure 15	Choke Size 98.7
Actual Prod. During Test 37	Oil-Bbls. 22	Water-Bbls. 15	Gas-MCF 98.7

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 26, 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.