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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 ~~UNITIZATION~~ <sup>U.O.G.</sup>  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAY 1 2 40 PM '67

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

I. Operator <u>Standard Oil Company of Texas</u> <u>A Division of Chevron Oil Company</u>		MAY 1, 1970, STANDARD OIL COMPANY OF TEXAS IS CHANG- ING ITS OPERATING NAME TO CHEVRON OIL COMPANY.
Address <u>3610 Avenue S</u> <u>Snyder, Texas 79549</u>		
Reason(s) for filing (Check proper box)		Other (Please explain) Change of lease name and well number due to unitization. <b>Formerly: A. C. Taylor et al #3</b>
New Well <input 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Maljamar (Grayburg) Unit</u>	<u>40</u>	<u>Maljamar (Grayburg-San Andres)</u>	<u>State, Federal or Fee</u> <u>Fee</u>	
Location				
Unit Letter <u>H</u>	<u>1800</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>9</u>	Township <u>17S</u>	Range <u>32E</u>	<u>NMPM</u>	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"/>		Address (Give address to which approved copy of this form is to be sent)		
<u>Texas New Mexico Pipeline</u>		<u>P.O. Box 1510, Midland, Texas</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<u>Phillips Petroleum Company</u> <u>OPMA Gas Corporation</u>		<u>P.O. Box 6666, Odessa, Texas</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>Sec.</u> <u>Twp.</u> <u>Rge.</u>	Is gas actually connected?	When	
	<u>WATER INJECTION WELL</u>	<u>Yes</u>		

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.			Gas-MCF		

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.	
<u>E. W. McCants</u> (Signature)	
District Engineer	(Title)
<u>April 28, 1967</u>	(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 only Sections I, II, III, and VI 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.	