NO. OF COPIES RECI	EIVED	
DISTRIBUTION	ON O	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	1 1	
Operator Stands A DIVI	rd Oil Comp sion of Cha	
Address		
3610 A	vemie 5 -	
Reason(s) for filing		
New Well		

September 8, 1965

## NEW MEXICO OIL CONSERVATION COMMISSION

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

SANTAFE		I FOR ALLOWABLE	Effective 1-1-65
FILE	-	AND	0.40
U.S.G.S.	- AUTHORIZATION TO T	AND RANSPORT OIL AND NA <b>ณ์RA</b> [[]	GAS 17 IM SCE
LAND OFFICE	-		50 03
TRANSPORTER GAS	-		
OPERATOR	-		
PRORATION OFFICE			
Operator Standard Oil Com	pany of Texas		
A Division of Ch	evron Gil Company		
Address			
3610 Avenue \$ -	Smyder, Texas		
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:	MOTE: CONTROL	T LOCATION OF TANKS
Recompletion	Oil Dry	Gas	
Change in Ownership	Casinghead Gas Con	densate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool	Name, Including Formation	Kind of Lease
Į.		jemer Grayburg-San Andres	State, Federal or Fee
A. C. Taylor et al			
-	800 Feet From The Korth	Line and 660 Feet From	The Bast
Unit Letter;;	Feet From The	Line and reet rion	I THE
Line of Section 9 , To	ownship <b>178</b> Range	328 , NMPM, Lea	County
Jane of occupan			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of O	il or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)
Texas New Mexico Pipe	line Company	P. O. Box 1510 - Midle	and, Texas
Name of Authorized Transporter of Co	asinghead Gas 🔝 💮 or Dry Gas 🦳	Address (Give address to which appr	roved copy of this form is to be sent)
Phillips Petroleum Co	MPARY	P. O. Box 6666 - Odes	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		Then limed. following
give location of tanks.	J 9 17 32	Yes	completion of well
If this production is commingled w	with that from any other lease or po	ol, give commingling order number:	
COMPLETION DATA			Plug Back   Same Res'v. Diff. Res
Designate Type of Complet	ion — (X)	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res
			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
			Tubing Depth
Fool	Name of Producing Formation	Top Oil/Gas Pay	I doing Depth
			Depth Casing Shoe
Perforations			
	TURING CASING	AND CEMENTING RECORD	
101 5 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE	32.11.02.	
THE PARTY AND DECUEST	EOD ALLOWARIE (Test must l	be after recovery of total volume of load o	il and must be equal to or exceed top all
. TEST DATA AND REQUEST I	able for thi	s 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			G = 10 = 1 G = 1
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Drawn	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	CHOKE 5126
. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
		ADDROV	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		ion   · · · · · · · · · · · · · · · · · ·	
Commission have been complied above is true and complete to t	l with and that the information given in the best of my knowledge and beli	ef. BY	
	- · · · · · · · · · · · · · · · · · · ·	# -	*
	1	TITLE	
Can Cal H			n compliance with RULE 1104.
ZTUII) Cal	uls E. W. McCant	If this is a request for all	lowable for a newly drilled or deeper
(Si	gnature)	well, this form must be accome tests taken on the well in accome	manied by a tabulation of the deviat
<b>3.3 4. 4</b>	: e-	All sections of this form	must be filled out completely for all
District Edgineer	Title)	able on new and recompleted	wells.

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.  $\ \ \,$