

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION
REQUEST FOR ALLO'
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

MAY 2 6 35 AM '67

I. OPERATOR

Operator Standard Oil Company of Texas
A Division of Chevron Oil Company

Address 3610 Avenue S
Snyder, Texas 79549

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Change of lease name and well number due to unitization. Formerly:
A. C. Taylor "B" #2

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>Maljamar (Grayburg) Unit.</u>	Well No. <u>33</u>	Pool Name, Including Formation <u>Maljamar (Grayburg-San Andres)</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>Fee</u>
Location Unit Letter <u>A</u> , <u>670</u> Feet From The <u>North</u> Line and <u>770</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>17S</u> Range <u>32E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <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"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 6666, Odessa, Texas</u>
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>9</u> Twp. <u>17S</u> Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number CTB-166

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Dill. Re. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 oil able 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

E. W. McCants
E. W. McCants (Signature)
District Engineer (Title)
April 23, 1967 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 4 1967, 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 deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conduct.
Separate Forms C-104 must be filed for each pool in multi-completed wells.