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SANTA FE			L	
FILE				
U.S.G.S.				_
LAND OFFICE			L_	
TRANSPORTER	OIL	<u> </u>	ļ.,_	
	GAS	<u> </u>		
OPERATOR				
DROBATION CEEICE				

Manager of Production

(Date)

June 21, 1968

## NEW MEXICO OIL CONSERVATION COMMISSION DECLIECT END MAR AWARIE

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

SANTA FE	REQUEST F	DRUMES OWABLE O. C. C.	Effective 1-1-65
FILE	•	7110	.e
U.S.G.S.	AUTHORIZATION TO TRAN	GROBT OF AND NATURAL GA	72
LAND OFFICE		- 52 WI DQ	
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Pennzoil	United, Inc.		
Address	2000 Midland Tox	as 79701	
	awer 1828 - Midland, Text	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:		
New Well	Oil Dry Gas		
Recompletion Change in Ownership	Casinghead Gas Condense	ate Change of opera	ating name
Change in Contestinp			70701
If change of ownership give name and address of previous owner	Pennzoil Company - P. O	. Drawer 1828 - Midland	, lexas /3/01
DESCRIPTION OF WELL AND L	EASE	Emation   Kind of Lease	Lease No.
Lease Name	Well No.   Pool Name, Including to		- 0140
Phillips "B" State	6 Maljamar Graybu	rg-san Andres	50000
Location G 198	O Fast From The Horth Line	and 1980 Feet From T	heEast
Unit Letter;	17 S	33-E , NMPM,	Lea County
Line of Section 19 Town	nship 1/-5 Range	OU L , NIMENG	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Oll	of Condensate	P. O. Box 1510 - Mi	dland, Texas 79701
Texas New Mexico Pipe	Line Company	Address (Give address to which approv	eed copy of this form is to be sent)
Name of Authorized Transporter of Cast Phillips Petroleum Com	inghead Gas K or Dry Gas 1	Bartlesville, Oklahoma	
militips retrotedin con	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
If well produces oil or liquids, give location of tanks.	J 19 17-S 33-E	Yes	4-11-58
If this production is commingled with	h that from any other lease or pool, (	give commingling order number:	
If this production is comminged with COMPLETION DATA			Plug Back   Same Resty. Diff. Resty
	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Completio		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	OD AT LOWARIE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top alle
V. TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	iji, eic.,
		7	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
	Oil-Bbis.	Water - Bbls.	Gas - MCF
Actual Prod. During Test	OII-Bbis.		
I			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	BDIS. COMMINGE	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		OIL CONSERV	ATION COMMISSION
VI. CERTIFICATE OF COMPLIAN	iCE	OIL CONSERV	Jun 24 Ubb
			, 19
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	1001/	Amel
above is true and complete to the	me best of my knowledge and belief.	BY JAC	4,-
		TITLE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	1		- compliance with BIILE 1104.

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.