	- 1		
DISTRIBUTION SANTA FE	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G	
PRORATION CFFICE Operator	l United, Inc.		
Address	Drawer 1828 - Midland, Tex	xas 79701	
Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conden	Other (Please explain) Change of operati	ng name s is an Injection Well
If change of ownership give name and address of previous owner	Pennzoil Company -	P. O. Drawer 1828 - Mid	land, Texas 79701
I. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Phillips "B" State	1 7	burg San Andres State, Federal	or Fee State 2149
3.0	ownship 17-S Range	33-E , NMPM,	Lea County
Name of Authorized Transporter of Or	TER OF OIL AND NATURAL GA	Address (Give address to which approv	red copy of this form is to be sent)
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
V. COMPLETION DATA	ith that from any other lease or pool, Oil Well Gas Well	give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff, Resty.
Designate Type of Complet	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, ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be a able for this de	ofter recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas li,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bhis.	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
A CEPTIFICATE OF COMPLIA	NCF	II OIL CONSERVA	TION COMMISSION

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.

Charles 11 Drown	
(Signature)	
Production Manager	

(Title)

July 22, 1968

(Date)

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.