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LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION CFFICE			

Production Manager

July 22, 1968

(Title)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

ANTAFE	<i>H</i>	AND	Ç. C. C. C.
ILE		SPORT OIL AND NATURAL GA	\S
AND OFFICE	AUTHORIZATION TO THE STATE	JUL 25 03	8 PM 168
OIL		~	, , , , , , , , , , , , , , , , , , ,
RANSPORTER GAS			<u>.</u>
PERATOR	İ		·•
PROPATION CFFICE			
perator			
Pennzoil	l United, Inc.		
ddress			
P 0. Di	<u>rawer 1828 - Midland, Texa</u>	as 79701	
leason(s) for filing (Check proper box)		Other (1 table	
lew Well	Change in Transporter of:	Change of operati	ng name
Recompletion	Oil Dry Gas	DI BACE NOTE: Thi	a is an Injection Well
Change in Ownership	Casinghead Gas Condense	ate PLEASE NOTE: Thi	s is an Injection Well
		7000 1117-11	Texas 79701
change of ownership give name	Pennzoil Company - P. O.	Drawer 1828 - Midiand,	1exas 79701
nd address of previous owner			
DESCRIPTION OF WELL AND	LEASE	Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, Including For		
Phillips "B" State	15 Maljamar Grayb	ourg San Andres State, Federa	State 12:13
Location			Couth
1 9	190 Feet From The West Line	and . 1980 Feet From	The South
Unit Letter :			Loa County
Line of Section 19 To	wnship 17-S Range	33-E , NMPM,	Lea County
Line of Section			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	ned copy of this form is to be sent)
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appro-	, , , , , , , , , , , , , , , , , , , ,
		Address (Give address to which appro	used conv of this form is to be sent)
Name of Authorized Transporter of Co	nsinghead Gas or Dry Gas	Address (Give address to which appro	554 55p) 5, 14
, and the second		10 10	ien
N. Newdo	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	icii
If well produces oil or liquids, give location of tanks.			
9.10	with that from any other lease or pool,	give commingling order number:	
If this production is commingled w	ith that from any other reasons		Plug Back Same Res'v. Diff. Res'v
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	1
Designate Type of Complet	ion – (X)		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.11.D.
Date Spaces			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (B1, Kinz, K1, okt, see,)			Depth Casing Shoe
Perforations			Depth Casing Shos
Periorations			
	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT
= 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
	TOP ATTOWARTE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top allo
. TEST DATA AND REQUEST	able for this d	lanth of be for full 24 hours?	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	11)1, 610.7
Date First New Off Itali 19 2 mine			Choke Size
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			2-105
	Oil-Bbls.	Water-Bbls.	Gas - MCF
Actual Prod. During Test			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of 1997	·	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing From Comme		
		OIL CONSER	VATION COMMISSION
I. CERTIFICATE OF COMPLI	ANCE		
		APPROVED	19
I hereby certify that the rules a	and regulations of the Oil Conservatio		Clements
Commission have been compli	and regulations of the officers of the ed with and that the information give to the best of my knowledge and belied the best of the best of the control of t	en By Jeslie V	1
above is true and complete to			
		TITLE	
~1 N			in compliance with RULE 1104.
[W. 1611	1/ Deser	If this is a request for a	illowable for a newly drilled of deep
Marver y	(Signature)	well, this form must be according tests taken on the well in a	ecordance with RULE 111.
	(= -a ···· · · / .	Il fosts taven on the most and	entry and sompletely for al

well, this form must be accompanied by a tabulation of the 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.