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June 21, 1968

(Date)

NEW MEXICO OIL COMSERVATION COMMISSION

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

SANIAFE		OR ALLOWABLE, E,	Effective 1-1-65	
FILE	JUN	ZANDIL 33. Maran Tubu o	A.C.	
U.S.G.S.	AUTHORIZATION TO TRAI	ISPORT ALL MUDIATURAL G	AS	
LAND OFFICE		-		
TRANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE				
Operator	lennanil United Inc			
	ennzoil United, Inc.			
Address	0 Decree 1020 Midle	and Tayas 79701		
P	. 0. Drawer 1828 - Midla	Other (Please explain)		
Reason(s) for filing (Check proper box)	C) to To	Office (Freuse explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	<b>=</b> 1	ting name	
Change in Ownership	Casinghead Gas Condens	sate Change of opera	tring name	
If change of ownership give name		n 3000 Williams	Tawas 70701	
and address of previous owner	Pennzoil Company - P. O.	Drawer 1828 - Midiand,	1exas /3/01	
. DESCRIPTION OF WELL AND I	EASE	rmation Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, Including Fo			
Western State	9 Maljamam Grayl	burg-San Andres State, Federal	State B-2140	
Location			Frak	
Unit Letter A ;	560 Feet From The North Line	e and 660 Feet From T	The East	
Oiii Letter	<del></del>			
Line of Section 20 Tow	nship 17-S Range	33-E , NMPM, L	.ea County	
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of Oil	x or Condensate	Address (Give address to which approx		
Texas New Mexico Pipe		P. O. Box 1510 - Midl	and, Texas 79701	
Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which approx	ped copy of this form is to be sent)	
Phillips Petroleum Co		Bartlesville, Oklahom	na	
	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
If well produces oil or liquids,	00 17 0 22 5	1	3-20-56	
give location of tanks.		<u> </u>		
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Completio	. • • • • • • • • • • • • • • • • • • •	1		
Designate Type of Compress		Tatal Danth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	1.2	
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depti.	
			Depth Casing Shoe	
Perforations			Depth Cashing blice	
			<u> </u>	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
THE PART AND DECLIESE E	OP ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow	
7. TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hours)		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
Date 1 Mat 110 W Old 11 Law 1 0 0				
1.0	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	Tubing 1 issues			
	Oil-Bbls.	Water-Bbls.	Gas - MCF	
Actual Prod. During Test	OII-BBIB.			
GAS WELL			Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
_		101	0) -) - 0) -	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
. CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION	
I, CERTIFICATE OF COMEDIAN			UN 27 1069 19	
e e l'agrico de la serio de la contra della	regulations of the Oil Conservation	APPROVED	, 19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		- Jan Jaka Marine		
above is true and complete to th	e best of my knowledge and belief.	BY	WW /	
		TITLE		
- 17	. 0			
		This form is to be filed in compliance with RULE 1104.		
Charles a Drown		1/ 44 44 1- 6 be accomb	wable for a newly drilled or deepene anied by a tabulation of the deviation of the deviatio	
	nature)	tests taken on the well in acco	Matte Att Hora	
Manager of Product	ion	All sections of this form m	ust be filled out completely for allow	
		able on new and recompleted v	**	

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.