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	U.S.G.S.				
	LAND OFFICE				
	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
I.	PRORATION OF	ICE			
	Operator				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR WELLOWABLE

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

FILE		AND S. G. G.	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TOUTH	GSPPR30141400 NATURAL	GAS		
LAND OFFICE					
TRANSPORTER GAS					
OPERATOR	-				
PRORATION OFFICE					
Operator	United Inc				
Address	United, Inc.				
	awer 1828 - Midland, Tex	as 70701			
Reason(s) for filing (Check proper box		Other (Please explain)			
New We!l	Change In Transporter of:				
Recompletion	Oil Dry Go	Parties	nating name		
Change in Ownership	Casinghead Gas Conder	nsate Change of ope	racing name		
If change of ownership give name	Pennzoil Company - P. O.	Drawer 1828 - Midland	. Texas 79701		
and address of previous owner	remizers company 1. o.	tri wild, 1020	,		
I. DESCRIPTION OF WELL AND	LEASE	formation Kind of Le	ease Lease No.		
Lease Name	Well No. Pool Name, Including F		eral or Fee State B-2148		
Western State	1-Y Maljamar Grayb	ourg-San Andres State, Fed	3tate 5-2140		
Unit Letter G ; 188	n Feet From The North Lir	ne and 1980 Feet Fro	om The East		
20 75	wnship 17-5 Range	33-E , NMPM,	Lea County		
Line of Section 20 To	whame 17 C. Hange	J. C. Trivia Ivy			
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	, , , , , , , , , , , , , , , , , , , ,		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)		
Texas New Mexico Pip	e Line Company	P. O. Box 1510 - Mic	lland, Texas 79701 proved copy of this form is to be sent)		
Name of Authorized Transporter of Ca					
Phillips Petroleum C	Ompany Unit Sec. Twp. Rge.	Is gas actually connected?	Bartlesville, Oklahoma Is assactually connected? When		
If well produces oil or liquids, give location of tanks.	B 20 17-S 33-E	Yes	9-20-55		
	th that from any other lease or pool,				
V. COMPLETION DATA					
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spaaded	=	•			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Depth Casing Shoe		
Perforations			Deptil Capitid blood		
	THRING CASING AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	CROING & TODING SIZE				
V. TEST DATA AND REQUEST F	TOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load lepth or be for full 24 hours)	oil and must be equal to or exceed top allo		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)		
30.0					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Water Phile	Gas-MCF		
Actual Prod. During Test	Otl-Bbls.	Water - Bbls.	Gen a MOT		
	<u> </u>				
CAS 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		
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	RVATION COMMISSION		
		APPROVED	JUN 27 1908		
O instant and boom complied	regulations of the Oil Conservation with and that the information given				
above is true and complete to the	ne best of my knowledge and belief.	BY_	the g		
			. /		

01 11 11 K
(factor Signature)
Manager of Production
June 21, 1968

(Date)

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.