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NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85
FILE     U.S.G.S.     LAND OF FICE	AUTHORIZATION TO TRAN	SPORT OU BND NATURAL GAS	
IRANSPORTER OIL GAS OPERATOR			.*
PRORATION CFFICE	]	¢	
Pennzoi	1 United, Inc.		
	rawer 1828 - Midland, Tex	(as79701 Other (Please explain)	
Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Change of operatir	ng name
Recompletion	Oil Dry Gas Casinghead Gas Condens		is an Injection well
If change of ownership give name and address of previous owner	Pennzoil Company - I	P. O. Drawer 1828 - Midla	nd, Texas 79701
I. DESCRIPTION OF WELL AND Lease Name Phillips Federal	Well No : Pool Name, including ro	urg-San Andres State, Federal o	r Fee Federal NM 801
Location	1980 Feet From The North Line	e and <u>660</u> Fred From Th	East
		33-E , NMPM,	Lea County
Name of Authorized Transporter of O		Addiess (offer address to minor offerte	
Name of Authorized Transporter of C		Address (Give address to which approve Is gas actually connected? When	
If well produces oil or liquids, give location of tarks.	Unit Sec. Twp. Rge.	1	
If this production is commingled w V. COMPLETION DATA	with that from any other lease or pool,		Plug Back   Same Res'v. Diff. Res'v
Designate Type of Complet	ion - (X)	New Well Workover Deepen	
Date Spudded	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
		D CEMENTING RECORD	SACKS CEMENT
HOLESIZE	CASING & TUBING SIZE	DEFINISCI	
	EOR ALLOWARY E (Test must be	after recovery of total volume of load oil a	nd must be equal to or exceed top allo
V. TEST DATA AND REQUEST OIL WELL	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas life	
Date First New Oil Run To Tanks		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		Gas-MCF
Actual Prod. During Test	Oil-Bble.	Wate: - Bbls.	
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		· · · · · · · · · · · · · · · · · · ·
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIA	INCE		TION COMMISSION
	nd regulations of the Oil Conservation d with and that the information given the best of my knowledge and belief	BY geslie /	Clements
	-7 K	TITLE	compliance with RULE 1104.
In a ker la	1 Arom	If this is a request for allow	vable for a newly drilled or deepen
	Signature)	tests taken on the well in ecco	rdance with RULE 111.

Production Manager (Title)

7-22-68

(Date)

All sections of this form must be filled out completely for allow-able 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