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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE,

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

FILE		AND	Effective 1-1-03	
U.S.G.S.	AUTHORIZATION TO WA	REPORTE PILANT NATURAL (SAS	
LAND OFFICE		53 MU .PR		
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator	oil United, Inc.			
Address		Texas 79701		
Reason(s) for filing (Check proper box)	Drawer 1828 - Midland,	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gar		ustine nomo	
Change in Ownership	Casinghead Gas Conden	Change of ope	rating name	
If change of ownership give name and address of previous owner	Pennzoil Company - P.	<u>O. Drawer 1828 - Midlan</u>	d, Texas 79701	
I. DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, including re			
Phillips Stat	e 7 Maljamar Grayb	urg-San Andres State, Feder	30000	
	80 Feet From The South Lin	e and 1980 Feet From	The West	
Line of Section 28 Tov	wnship 17-S Range	33-Е , ммрм,	Lea County	
	TO OF OW AND MATURAL CA	.c		
Name of Authorized Transporter of Oil	or Condensate	Address (Give duaress to which appro		
ł		P. O. Box 1510 - Midl Address (Give address to which appro-	and, Texas 79701	
Texas New Mexico Pipe Name of Authorized Transporter of Car		!		
Phillips Petroleum Com	Unit Sec. Twp. Rge.		Bartlesville, Oklahoma Is sas actually connected? When	
If well produces oil or liquids, give location of tanks.	F 28 17-S 33-E	Yes	2-6-58	
If this production is commingled wi V. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
Designate Type of Completic	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.	
		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Ous Pul		
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load of lepth or be for full 24 hours)	ll 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, gas	lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Oil-Bbls.	Water-Bbls.	Gas-MCF	
Actual Prod. During Test	011-111111			
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	
AT CERTIFICATE OF COMPLIAN	NCF	OIL CONSER\	/ATION COMMISSION	
VI. CERTIFICATE OF COMPLIAN	40E		19.	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	A S	
	with and that the information given he best of my knowledge and belief.		Mary	

Charles G Brown
Manager of Production
Manager of Froduction

June 21, 1968

(Date)

APPROVE	19
	bra Harre
BY	CUIDEDVISCON CONTROL
T1T1/5	SUPERVINOR INC.

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.