

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Pennzoil Company	
Address P. O. Drawer 1828, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Re-entry old oil well
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips State	Well No. 1	Pool Name, including Formation Maljamar, Grybg-S.A.	Kind of Lease State, Federal or Fee State	Lease No. B-2229
Location				
Unit Letter M	660	Feet From The South	Line and 660	Feet From The West
Line of Section 28	Township 17-S	Range 33-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, Okla 74004					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 28	Twp. 17-S	Rge. 33-E	Is gas actually connected? yes	When 3-6-58

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-08-77	Date Compl. Ready to Prod. 11-29-77	Total Depth 4,439'		P.B.T.D. 4,352'				
Elevations (DF, RKB, RT, GR, etc.) 4411'	Name of Producing Formation Grayburg	Top Oil/Gas Pay 4,299'		Tubing Depth 4,275'				
Perforations 4,299' - 4,337'						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 367'		SACKS CEMENT 250 sx Circ.			
7 3/4"	5 1/2"		4,439'		200 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

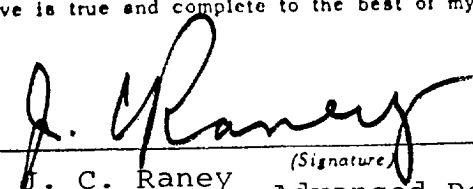
Date First New Oil Run To Tanks 11-29-77	Date of Test 11-30-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure Pkr.	Choke Size 2"
Actual Prod. During Test 24 hrs.	Oil-Bbls. 26	Water-Bbls. 149	Gas-MCF 75

GAS WELL

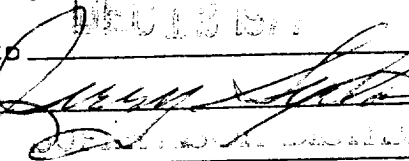
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


J. C. Raney (Signature)
Advanced Pet. Engr.
(Title)
12-5-77
(Date)

OIL-CONSERVATION COMMISSION

APPROVED  19____
BY _____
TITLE _____

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 multiple completed wells.

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OIL CONSERVATION COMM.
HOBBS, N. M.