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| | SANTA FE | | |
| | FILE | | |
| - | U.S.G.S. | | |
| ļ | LAND OFFICE | | |
| | TRANSPORTER | OIL | |
| | | GAS | |
| | OPERATOR | | |
| | PRORATION OF | ICE | |
| . 1 | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

| SANTA FE | Effective 1-1-6 | | | | | |
|--|---|---|--|--|--|--|
| FILE | | | | | | |
| LAND OFFICE | AND SEELSE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| OIL | OIL | | | | | |
| TRANSPORTER GAS | | | | | | |
| OPERATOR | | | | | | |
| I. PRORATION OFFICE | | | | | | |
| Operator PENNZOTT. COM | PENNZOIL COMPANY | | | | | |
| X 1 1 | | | | | | |
| 1007 Midland | 1007 Midland Savings Building, Midland, Texas | | | | | |
| Reason(s) for filing (Check proper | box) | Other (Please explain, |) | | | |
| New Well | Change in Transporter of: | | | | | |
| Recompletion | Oil Dry Ga Casinghead Gas Conder | = 1 | | | | |
| Change in Ownership | Casingheda Gas Conden | isute | <u> </u> | | | |
| If change of ownership give nam | | | | | | |
| and address of previous owner _ | 9 | n 65/ | 0 11 | | | |
| I. DESCRIPTION OF WELL AN | ND LEASE | y gley - the life | 14th | | | |
| Lease Name | Well No. Pool Na | me, Including Formation | Kind of Lease | | | |
| Cabot-State | 1 -Unde | esignated welfco | State, ********** | | | |
| Location | 1000 | K-316 | east | | | |
| Unit Letter;; | 1980 Feet From The south Lin | e and 660 Feet | From The | | | |
| Line of Section 14 | Township 11-S Range 33 | -E , NMPM, | Lea County | | | |
| Line of Section 4. | Township ———————————————————————————————————— | 7.1111 | | | | |
| | ORTER OF OIL AND NATURAL GA | ıs | | | | |
| Name of Authorized Transporter of | | | approved copy of this form is to be sent) | | | |
| Pan American Peti | | Box 1725, Midla | | | | |
| | Casinghead Gas 🚺 or Dry Gas 🦳 | Address (Give address to which | approved copy of this form is to be sent) | | | |
| Undetermined | thit Sea Tun Bae | Is gas actually connected? | When | | | |
| If well produces oil or liquids, give location of tanks. | Unit Set 11-s 33- | B NO | ^{When} Unknown | | | |
| | | | | | | |
| If this production is commingled V. COMPLETION DATA | with that from any other lease or pool, | give commingling order number | T: | | | |
| | Oil Well Gas Well | New Well Workover Deep | en Plug Back Same Res'v. Diff. Res'v. | | | |
| Designate Type of Compl | 1 | X | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. 9200 | | | |
| 8-6-66 | 9-28-66 | 9950' | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth 9038 | | | |
| Undesignated Perforations | Wolfcamp | 1 9003 | Depth Casing Shoe | | | |
| One hole per foo | t 90 0 5' to 90 10 ' | | 9942' | | | |
| | TUBING, CASING, ANI | CEMENTING RECORD | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| 17-5 | 13-3/8" | 375' | 375 | | | |
| 11" | 8-5/8" | 3969' | 550 | | | |
| 7-7/8" | 5½" | 99421 | 375 | | | |
| | 2-7/8" EUE | 90381 | | | | |
| V. TEST DATA AND REQUEST OIL WELL | F FOR ALLOWABLE (Test must be a able for this de | fter recovery of total volume of lo opth or be for full 24 hours) | ad oil and must be equal to or exceed top allow- | | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, | gas lift, etc.) | | | |
| 9-28-66 | 9-29-66 | Flow | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | |
| 24 hrs | 125 | Pkr | 24/64" | | | |
| Actual Prod. During Test 248 | Oil-Bbls. 243 | Water-Bbls. | Gas-MCF 274 | | | |
| 240 | 2.50 | | | | | |
| CAS WELL | | | | | | |
| GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| | | | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | | | | | | |
| I. CERTIFICATE OF COMPLI | CRITIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | | |
| _ CLIPPING OF COMPLE | | OCT 1 % 1966 | | | | |
| I hereby certify that the rules a | and regulations of the Oil Conservation | APPROVED | | | | |
| Commission have been compli- | commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief. | | BY WARENESS COPIES | | | |
| | | | BY: RINC V. INGRABIGIO | | | |
| | . | TITLE | 的人所謂此 小孩公安的人。因今了 | | | |
| 10/1 | I K | | ed in compliance with RULE 1104. | | | |
| Market | full cour | 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 | | | | |
| (| Signature) | tests taken on the well in | accordance with RULE 111. | | | |
| Producti | on Manager | All sections of this fo | rm must be filled out completely for allow- | | | |
| Octobe | (Title) 2 4, 1966 | able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner | | | | |
| | | Fill out Sections I. I | i, iii, and vi only for changes of owner, | | | |

(Date)

All sections of this form must be fille able on new and recompleted wells. Fill out Sections I, II, III, and VI only 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.