1.	DISTRIBUTION SANTA FE I U.S.G.S. LAND OFFICE IFANSPORTER OIL OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COM ON FOR ALLOWABLE AND ANSPORT OIL AND RAFERAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
	Operator	Pennzoil Company	ARTCU	N, DEPAT
	Address P. O. Drawer 1828 - Midland, Texas 79701			
	Reason(s) for filing (Check proper box New Well	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	Other (Please explain)	
	If change of ownership give name and address of previous owner	Pennzoil United, Inc.	- P. O. Drawer 1828 -	Midland, Texas 79701
n.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	ormation Kind of Le	ase Leaso No.
	Vandiver	1 West Atoka -	Morrow Gas State, Fede	eral or Fee Fee
		80 Feet From The North Lir	e and <u>1980</u> Feet From <u>25-E</u> , NMPM,	m The West Eddy County
п.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	IS	
ļ	Name of Authorized Transporter of Oil None	or Condensate 🔀	Address (Give address to which app	roved copy of this form is to be sent)
	Name of Authorized Transporter of Cas Transwestern Pipel		Address (Give address to which app P. O. Box 2521 - Hou	roved copy of this form is to be sent)
ŀ	If allowes certify riper If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.		uston, Texas 77001 When 2-4-72
1		th that from any other lease or pool,	1	
v. ⊧ ∫	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
$\left \right $	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
-	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth
ŀ	Perforations			Depth Casing Shoe
	HOLESIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
-				
-				
	TEST DATA AND REQUEST FO			il and must be equal to or exceed top allow-
	II. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)		lift, etc.)	
╞	Length of Test	Tubing Pressure	Casing Pressure	Choka Size
-	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
_ا _	GAS WELL	L	L	
ſ	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
	CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION	
C			BY U. a. Gressett	
	Office Manager	olnen)	TITLE OIL AND GAS INSECTOR This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nowly drilled or despanded well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULZ 111. 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 completed wells.	
	(Titl	e)		
	<u>7-20-72</u> (Dat	e)		