DISTRIBUTION S SANTA FE // FILE // U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR I. PRORATION OFFICE Operator	REQUES	C ISERVATION COMMISSION TFOR ALLOWABLE RENCEIVED RANSPORT OIL AND NATURA MAY 5 1975	Form C +104 Supersedes Old C+104 and C+110 Effective 1+1+65 ALIGAS
	Pennzoil	Company	
Address	P. O. Drawer 1828 - Mid	land Texas 70701	
Reason(s) for filing (Check prope New Well Recompletion Change in Ownership	r box) Change in Transporter of: Oll Dry C	Other (Flease explain)	
If change of ownership give na and address of previous owner			
1. DESCRIPTION OF WELL A Lease Name 0'Neill -B- Com Location Unit Letter J ; Line of Section 10	Well No. Pool Name, Including	ad Morrow Gas State, Fe	ease Lease No. deral or Fee Federal CA-SW-756 om The East Eddy County
I. DESIGNATION OF TRANSI	CORTER OF CIL AND NATURAL G		pproved copy of this form is to be sent)
Name of Authorized Transporter of Llano, Inc. If well produces off or liquids, give location of tanks. If this production is commingle V. COMPLETION DATA	f Casinghead Gas of Dry Gas XX Unit Sec. Twp. Pge. J 10 24-S 26-E C with that from any other lease or pool	Address (Give address to which ap P. O. Drawer 1320 - Is gas actually connected? Yes	proved copy of this form is to be sent) Hobbs, New Mexico 88240 When 4-16-75
Designate Type of Comp	Cil Well Gcs Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, et	c., Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations	, 		
,			Depth Casing Shoe
HOLE SIZE	TUBING, CASING,	D CEMENTING RECORD	
			SACKS CEMENT
TEET DATA AND DEOLIES			
OIL WELL Date First New Cil Bun To Tanks	able for this di	epth or be for full 24 hours)	oil and must be equal to or exceed top allow-
Date First New Cil Run 10 Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gca - MOF
· · · · · · · · · ·		1	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bhls. Condensate/AMCF	Gravity of Condentate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chcko Size
I. CERTIFICATE OF COMPLI	ANCE		VATION COMMISSION
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 bast of my knowledge and belief.		APPROVED MAY 6 1975 BY. L. A. MAY 6 1975 TITLE SUPERVISOR, DISTRICT II	
- Autol & row		This form is to be filed in compliance with RULE 1104. If this is a reguest for sllowable for a newly drilled or deepened	
Production Manager		well, this form must be accompanied by z tobuistion of the deviation tests taken on the well in accordance with RULT 111.	
	(Title)	All rections of this form must be filled out completely for sllow- sple on new and recompleted wells.	
May 2, 1975 (Date)		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.	