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DISTRIBUTION			Ī
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LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1	
OPERATOR			i
PRORATION OFFICE			
Operator			
•			
Address			
Reason(s) for filing	(Check	proper	box
New We!L			

	FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL  GAS  OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-10\$ and C-11 Effective 1-1-65 GAS		
1.	PRORATION OFFICE Operator	Ponnzoil Compan				
Pennzoil Company Address						
	Reason(s) for filing (Check proper box	P. O. Drawer 18	328 - Midland, Texas 79 Other (Please explain)	3/01		
•	New We'l  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde		ting name		
	If change of ownership give name and address of previous owner	Pennzoil United, Inc	P. O. Drawer 1828 - Mi	dland, Texas 79701 .		
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	ormation   Kind of Le	ise Lease No.		
	Harris State	2 Inbe Perm	1	eral or Fee State OG 5338		
	-	SO Feet From The South Lir	ne and 1830 Feet From	m The West		
	Line of Section 5 Tov	waship 11-S Range	34-Е , ммрм,	Lea county.		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	7610		
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of				roved copy of this form is to be sent) Texa onal Bank Bldg., Ft. Worth,		
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent,		
	Warren Petroleum If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. O. Box 1589 - Tulsa	Vhen		
	give location of tanks.	! L ! 5   11-S : 34-E	Yes	5-28-68		
IV.	COMPLETION DATA	th that from any other lease or pool,	New Well Workover Deepen	Plug Back   Same Res'v. Diff, Res'v.		
	Designate Type of Completion		New Hell Workover Deepen	Prod Edek Same Nesst. Diff. Nesst.		
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations .	I	1	Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must able for this depth or be for full 24 hours)				il 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.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas+MCF		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cheke Size		
VI.	CERTIFICATE OF COMPLIANCE	CE	11	ATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			L 1 / 1972 , 19		
above is true and complete to the beat of my knowledge			BYOrig. Signed by Joe D. Rames.			
	, , ,		[1]			
Sou & John son		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened				
	Asigna	iture) .	well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.			
	Office Manager (Title)		All sections of this form must be filled out completely for all able on new and recompleted wells.			
	July 14, 1972		Fill out only Sections I,	II. III, and VI for changes of own ".		