ſ	NO. OF COPIES RECEIVED		_		
ŀ	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COM	AMISSION		
ţ	SANTA FE	REQUEST FOR ALLOWABLE AND			
İ	FILE				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE		į.		
	TRANSPORTER OIL		•		
	, GAS				
	OPERATOR		A		
1.	PRORATION OFFICE Operator				
	- PENNZOIL COMPANY Address				
	P.O. DRAWER 1828 MIDLAND, TEXAS 79702 Reason(s) for filing (Check proper box) Now Well				
	New Well		A- Have approx		
	Recompletion	Oil Dry Gas P & A			
	Change in Ownership	- Casingheda Gus			
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Formation	Kind of Lease		
		1 UNDESIGNATED PENN	State, Federal or Fe		
	PUBCO FEDERAL	1 1 UNDESTGNATED FEMIN			
	, —	Feet From The <u>SOUTH</u> Line and <u>1980</u>	Feet From The		
	Line of Section 33 T	ownship 8_S Range 31_F , NM	PM, CHA		
III.	DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GAS	ss to which approved co		
	Name of Authorized Transporter of C		(1183 HOUSTON		
		514.17.25.1	ss to which approved co		
	,	asinghead Gas 🐧 or Dry Gas 🦳 Address (Give addre			
	NONE NONE	Two Page is any actually conn	ected? When		

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

U.S.G.S.	AUD 1 0 1003					
OIL	OIL					
TRANSPORTER , GAS	O. C. D.					
OPERATOR			ARTEGIA, OFFICE			
PRORATION OFFICE	PRORATION OFFICE					
- PENNZOIL COMPANY						
P.O. DRAWER 1828	P.O. DRAWER 1828 MIDLAND, TEXAS 79702					
Reason(s) for filing (Check proper box)		Other (Please explain)				
New Well	Change in Transporter of:		n test tank. Prep to			
Recompletion	Oil Dry Gas Castnahead Gas Condens		prox 90 bbls in test			
Change in Ownership	Casinghead Gas Condens	cank.				
If change of ownership give name and address of previous owner	•					
I. DESCRIPTION OF WELL AND I	EASE	rmation Kind of Leas	e Legse No.			
Lease Name	Well No. Pool Name, Including For	State Feder	or Fee FEDERAL 02/395			
PUBCO FEDERAL	1 UNDESIGNATED	PENN	1 EDERAL 077395			
Unit Letter 0 ; 810 Feet From The SOUTH Line and 1980 Feet From The EAST						
omt Letter,	-					
Line of Section 33 Tow	mship 8_S Range	31-F , NMPM,	CHAVES County			
IL DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S				
Name of Authorized Transporter of Oil	or Condensate 🚶	Address (Give address to which appro				
THE PERMIAN CORPO		Address (Give address to which appro				
Name of Authorized Transporter of Cas	inghead Gas 🐧 or Dry Gas 🗍	unances fathe names to much ablic				
NONE	Unit Sec. Twp. Rge.	Is gas actually connected? W	nen			
If well produces oil or liquids, give location of tanks.	0 33 8-S 31-E	NO	PREP TO P & A			
	h that from any other lease or pool, g					
V. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Completio		New Well Workover Deepen	, and Deck Same Hos III			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
7-19-68	9-27-68	10 652	10.484			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
4258 GR	PENN	8508	8310 Depth Casing Shoe			
Perforations			10.651'			
1 hole/ ft. 8508	1 hole/ ft. 8508-8516' TUBING, CASING, AND		10,031			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
17 1/2	13 3/8" 48#	414	435			
12 1/4	9 5/8" 36#	3195	650			
8 3/4	5 1/2" 17 & 20#	10651	870			
	2 3/8" 4.7#	8310				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excaple for this depth or be for full 24 hours)						
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
			Choke Size			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
4	Oil-Bbls.	Water - Bbls.	Gas - MCF			
Actual Prod. During Test	0.1-25.25					
I			-			
GAS WELL Bble. Condensate/MMCF Gravity of Condensate						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
- Control Control Control	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
Testing Method (pitot, back pr.)	. abing Probability					
VI. CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		74TION COMMISSION 5 1983			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED				
Complete base been complete	with and that the information given e best of my knowledge and belief.		BY CONGINAL SIGNED BY JPRRY SEXTON			
above, is tide and complete to		RISTRICT I SUPERVISOR				
1 1	0	TITLE	and the same with the same same			
	/		n compliance with RULE 1104.			
	nature)	If this is a request for allowable for a newly drilled or despened 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.				
PRODUCTION ACCOU	·					
PRODUCTION ACCOUNT						
8-11-8	5					
(D	(ace)	well name or number, or transp	ust be filed for each pool in multiply			
		completed wells.				

AUG 1 2 1983 MORRE OFFICE