~	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE AND	Porm C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	AND CANSPORT OIL AND NATURAL		
].	IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE		•		
	Operator Pennzoil Company				
	Address P. O. Drawer 1828 - Midland, Texas 79701				
	Reason(s) for Itling (Check proper box)     Other (Please explain)       New Well     Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	as [] Ensate [] Change of opera	ating name	
	If change of ownership give name and address of previous owner	Pennzoil United, Inc	<u>- P. O. Drawer 1828 - Mi</u>	dland, Texas 79701	
Π.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	Formation Kind of Lea		
•	Western State	11 Maljamar Gray	/burg-San Andres State, Foder	Lease No.	
	Unit Letter M ; 60	60 Feet From The South Li	ne and <u>810</u> Feet From	The West	
:	Line of Section ]7 To	winship 17-5 Range	33-Е , ММРМ,	Lea County	
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA			
•	Texas-New Mexico Pipe Line Co.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas 79701		
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Co.		Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, Oklahoma 74004		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. B 20 17-S 33-E	Is gas actually connected? W	hen	
v i v	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	103	5-12-56	
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
•	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elovations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top C!l/Gas Pay	Tubing Depth	
	Perforations		1	Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
ł					
ļ					
	TEST DATA AND REQUEST FO		fter recovery of sosal volume of load oil	and must be equal to ar exceed top allow-	
-			pth or be for full 24 hours) Producing Mothod (Flow, pump, gas in	ift, etc.)	
ł	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
╞	Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	Cas - MCF	
J	•	<u> </u>	•		
	GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls, Condenaate AMCF Condenaate				
		Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-in)	Choke Size	
1. (	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) Office Manager (Title) 7-19-72		OIL CONSERVATION COMMISSION		
- C			APPROVED JUL 2 4 1972 19		
*			BY	Joe D. Rame	
			TITLE Dist. I, Super- This form is to be filed in compliance with RULE 1104.		
-			If this form is to be filed in compliance with RULE 1104. 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 tests taken on the well in accordance with RULE 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 own		
•					
-					
•	. (Dat	(c)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		



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