DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUES ,	L CONSERVATION COMMISSION ST FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Porm C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator			GAS
Address	Pennzoil Company		
	P. O. Drawer 1828	- Midland, Texas 79701	
Reason(s) for Illing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry	Other (Please explain) Cos Change of opera	ating name an injection well
If change of ownership give name and address of previous owner	Pennzoil United, Inc.	- P. O. Drawer 1828 - Mic	lland, Texas 79701
II. DESCRIPTION OF WELL AND L. Lease Name Western State	Well No. Pool Name, Including	Formation Kind of Leas /burg-San Andres State, Federa	Ledge No.
Location			olorFee State B-2148
Unit Letter N ; 660	Feet From The South	tne and 1980 Feet From	The West
Line of Section 17 Town	ship 17-S Range	33-Е , ммрм,	Lea County
II. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Oil (None	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
Neme of Authorized Transporter of Casin None	ghead Gas X or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Jult Sec. Twp. P.ge.	Is gas actually connected? Wh	en
If this production is commingled with	that from any other lease or pool	l, give commingling order number:	. •
V. COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res'v.
	Oate Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc., N	lame of Producing Formation	Top C!l/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AN	ND CEMENTING RECORD DEPTH SET	
		our in ser	SACKS CEMENT
V. TEST DATA AND REQUEST FOR	ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allows
OIL WELL Date First New Oil Run To Tanks D	able for this cate of Test	lepth or be for full 24 hours) Producing Method (Flow, pump, gas lif	
Length of Test T	ubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test O	il-Bbls.	Water - Bbls.	Gas-MCF
		•	
GAS WELL Actual Prod. Tost-MCF/D L	ength of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) To	ubing Pressure (Shut-in)	Casing Prossure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIANCE			TION 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 best of my knowledge and belief.		APPROVED JUL 24 1972 19	
		Orig. Signed by Joe D. Ramey	
		TITLEDi	Diet I Summ
- Ken K Jo	hnam)	This form is to be filed in c If this is a request for allow	ompliance with RULE 1104. able for a newly drilled or deepened
(Signature			iled by a tabulation of the deviation

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 sllow-able on new and recompleted wells.

7-19-72

Officé Manager

(Title)

(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.

Secrete Forms C-104 must be filed for each nool to multiply.

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