	DISTRIBUTION SANTA FE FILE		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-55
1.	U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS .
	Operator Address	Pennzoil Company		
P. O. Drawer 1828 - Midland, Texas 79701				
	Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conder	Other (Please explain)	
	and address of previous owner	•	- P. O. Drawer 1828 - Mid	dland, Texas 79701
	DESCRIPTION OF WELL AND I Lease Name Western State Location	Well No. Pool Name, Including F	ormation Kind of Lease burg-San Andres State, Federal	crFee State B-2148
	Unit Letter K : 19	80 Feet From The West Lir	ne and 1980 Feet From Th	South
	Line of Section 17 Tow	mship 17-S Range	33-Е <b>, м</b> мрм, Le	2a County
I.	DESIGNATION OF TRANSPORT Norme of Authorized Transporter of Oil Texas-New Mexico	C or Condensate	Address (Give address to which approve	
-	Neme of Authorized Transporter of Cas Phillips Petroleu	inghead Gas 🔀 or Dry Gas 🔂	P. O. Box 1510 - Midland Address (Give address to which approve Phillips Bldg., Bartles Is gas actually connected? When	d copy of this form is to be sent) ville, Oklahoma 74004
	If well produces oil or liquids, give location of tanks.	B 20 17-S 33-E	Yes	4-6-57
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	· · · · · · · · · · · · · · · · · · ·	.• 
	Designate Type of Completio	n - (X)		Plug Back Same Res'v. Dill. Res'v.
	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	erforations Depth Casing Shoe			
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
· .				
ا ۲۰	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	fter recovery of social volume of load oil an	id must be equal to or exceed top allow-
ĺ	OIL WELL Date First New Oil Run To Tanks	able for this de Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	e:c.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas+MCF
		<u> </u>	·	
1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ĺ				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation			OIL CONSERVATION COMMISSION JUL 24 1972	
	Commission have been compiled w above is true and complete to the	ith and that the information given	BY	oe D. Ramey Dist. I, Supw
•	(Signature) Office Manager		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-	
	(Tit) 7-19-72 (Dat		sble on new and recompleted well Fill out only Sections I. II. well name or number, or transporter	In. III, and VI for changes of owner,

mu



RECEIVED

.

JUL 21 1272 OIL CONSERVATOR COMM. HOBDA, N. K.