| ` | SANTA FE FILE U.S.G.S. | REQUEST | T FOR ALLOWABLE | Porm C-104 Supersedes Old C-105 and C-110 Effective 1-1-65 |
|---|---|--|--|--|
| | LAND OFFICE | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL | GAS |
| | GAS | | . • | • |
| 1. | OPERATOR PRORATION OFFICE | | | • |
| | Operator | Pennzoil Compan | y | |
| Address P. O. DRawer 1828 - Midland, Texas 79701 | | | | 01 |
| | Keason(s) for filing (Check proper box) Other (Please explain) | | | |
| | Recompletion Change in Ownership | Change in Transporter of: Oil Dry G Casinghead Gas Conde | | ating name an injection well |
| - | If change of ownership give name and address of previous owner | Pennzoil United, Inc. | - P. O. Drawer 1828 - Mi | dland, Texas 79701 |
| n., | DESCRIPTION OF WELL AND LI | | • | |
| | Lease Name Phillips "B" State | Well No. Pool Name, Including F 7 Maliamar Grav | Formation Kind of Leas burg-San Andres State, Federa | Lease No. |
| | Location | | | |
| | Unit Letter | U | | The South |
| · · L | Line of Section 19 Towns | | 33-Е , ммрм, | Lea County |
| п. 1 . Г | I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil a or Condensate None None None | | | |
| | | | | |
| | None of Authorized Transporter of Casing None | ghead Gas 💭 or Dry Gas 🗍 | Address (Give address to which appro- | ued copy of this form is to be sent) |
| | | Init Sec. Twp. Ege. | Is gas actually connected? Whe | en |
| L | f this production is commingled with | that from any other lease or pool | Tive commingling adda and the | |
| .v ۲ | COMPLETION DATA | Oil Well Gas Well | · · · · · · · · · · · · · · · · | |
| . [| Designate Type of Completion | - (X) | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| | Date Spuddod D | ate Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | Elovations (DF, RKB, RT, GR, etc.) N | ame of Producing Formation | Top Cil/Gas Pay | Tubing Depth |
| : | Perforations | • | | Depth Casing Shoe |
| | | | | |
| t | HOLESIZE | TUBING, CASING, ANI CASING & TUBING SIZE | D CEMENTING RECORD | SACKS CEMENT |
| | | | | |
| E | | | | |
| Ľ | | | | |
| | 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 allo OIL WELL Date of Test Date of Test Production Method (Flow, pump, condition of the stall) | | | |
| ľ | | are of fear | Producing Method (Flow, pump, gas lif | s, etc.) |
| | Length of Test | ubing Pressure | Casing Pressure | Choke Size |
| F | Actual Prod. During Test Of | li-Bble. | Water-Bble. | Gas-MCF |
| | | | |] |
| | SAS WELL Actual Prod. Test-MCF/D | ength of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | Testing Mothod (pitot, back pr.) Tu | | | |
| L | • | ibing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| I. C | ERTIFICATE OF COMPLIANCE | | OIL CONSERVA | TION COMMISSION |
| 1 | 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. | | APPROVEDJUL 24 1972 19 | |
| e1 | | | BY Orig Signed by | |
| | | | Joe D. Ramey TITLE Dist. I, Supv. | |
| | | | 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 | |
| •••• | | | | |
| • | Office Manager (Tule) | | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- | |
| - | 7-19-72 | | sble on new and recompleted wolls. Fill out only Sections I, II, III, and VI for changes of owner, | |
| • | (Date) | | well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply | |

and Andreas and Andr Andreas and Andr

RECEIVED

JUL 21 1072 OIL CONSERVICE , COLUM HOBBL, D. H.