`		ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	LAND OFFICE NOTHORIZATION TO T	RANSPORT OIL AND NATURAL	GAS
I.	OPERATOR PRORATION OFFICE		•
	Operator Pennzoil Cor	npanv	
	the string (Check proper 602)	Other (Please explain)	79701
	Recompletion Oil Dry Change in Ownership	Gas Change of opera	
. 1	If change of ownership give name and address of previous owner Pennzoil United, Inc.	- P. O. Drawer 1828 - Mi	······································
и. 1 Г	DESCRIPTION OF WELL AND LEASE	•	
	nettito. Poot Name, Incivaling	Formation Kind of Lease burg-San Andres State, Feder	Lease No.
	Unit Letter 0 : 2310 Feet From The East	ine and 990 Feet From	The South
	Line of Section 19 Township 17-S Range	33-Е , ммрм,	Lea County
1. 1 Г	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G	AS	
l	None	Address (Give address to which appro	
	None of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗍	Address (Give address to which appro	ved copy of this form is to be sent)
	If well produces oil or liquids, Unit Sec. Twp. P.ge. give location of tanks.	is gas actually connected? Wh	en
u 7. C	this production is commingled with that from any other lease or pool	, give commingling order number:	
ſ	Designate Type of Completion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
1	Date Spudded Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
·	Clevations (DF, RKB, RT, GR, etc.) Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
1	Perforations		Depth Casing Shoe
	TUBING, CASING AN	D CEMENTING RECORD	
	HOLE SIZE CASING & TUBING SIZE	DEPTH SET	- SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
E			· · · · · · · · · · · · · · · · · · ·
• 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 allow-			
-	ength of Test Tubing Pressure	Casing Precsure	Choke Size
F	ctual Prod. During Test Oil-Bbls.		•
L		Wates - Bbls.	Gas-MCF
GAS WELL			
^	ctual Prod. Test-MCF/D Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
T	esting Method (pitot, back pr.) Tubing Pressure (Shut-In)	Casing Prossure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	
800	ove is true and complete to the best of my knowledge and belief.	BY	The state leng
(Signature)		This form is to be filed in compliance with RULE 1102. If this is a request for allowable for a newly drilled or deepened	
Office Manager		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Tule) 7-19-72		All sections of this form must be filled out completely for allow- sble 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. Separate Forms C-104 must be filed for each pool in multifi-	

RECEIVED

JUL 2 1 1072 OIL CONSERVATION COMM. HOBDS, L. D.

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