`	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C -104 Superseder Old C-104 and C-110 Effective 1-1-65	
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			GAS .	
•	TRANSPORTER OIL GAS				
1.	PRORATION OFFICE	1	·····	•	
		Pennzoil Company			
Address P. O. Drawer 1828 - Midland, Texas				1	
-	Reason(s) for filing (Check proper box New Well	) Change in Transporter of:	Other (Please explain)	•	
	Recompletion	Oil Dry Go Casinghead Gas Conder		ting name	
	If change of ownership give name and address of previous owner	Pennzoil United, Inc	P. O. Drawer 1828 - Mid	land, Texas 79701	
<b>1</b> 1.	DESCRIPTION OF WELL AND	LEASE Well No.   Pool Name, Including F			
	Phillips "B" State	13 Maljamar Grayb		Lease No. Lor Fee State 2149	
	Unit Letter E ; 198	BO Feet From The North Lin	ne and Feet From 7	The West	
	Line of Section 19 Tou	waship 17-S Range	33-E , NMPM, L	ea County	
<b>II.</b>	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	IS		
•	Norse of Authorized Transporter of Oil [X] or Condensate Address (Give address to which approved copy of this form is to be sent)   Texas-New Mexico Pipe Line Co. P. O. Box 1510 - Midland, Texas 79701   Norse of Authorized Transporter of Casinghead Gas [X] or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	Nome of Authorized Transporter of Cas Phillips Petroleum		Address (Give address to which approx Phillips Bldg., Bartle		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe Yes		
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	** **	J	
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
•	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
·	Perforations Depth Casing Shoe			Depth Casing Shoe	
		·····	CEMENTING RECORD	······	
	KOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ا ۷. ۱	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	fer recovery of total volume of load ail o	and must be equal to or exceed top allow-	
	OII, WELL able for this dep Date First New Oil Run To Tanks Date of Test		pth or be for full 24 hours) Producing Mathod (Flow, pump, gas lif	· ·	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds-MCF	
	Netual Frod. During 1 set			GOB-MCF	
•	GAS WELL				
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Į	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Prosouro (Shut-in)	Choke Size	
/1.	CERTIFICATE OF COMPLIANCE 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 beat of my knowledge and belief.		OIL CONSERVATION COMMISSION		
•			APPROVED	Oris. Signed by	
			פץ דוזנפ	Ton D. Permit	
			This form is to be filed in c	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.		
-	Office Manager (Title)		All sections of this form mut	at be filled out completely for allow-	
-	7-19-72		able on new and recompleted wells. Fill out only Sections 1. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
	. (Da	(Date)		well name or number, or transporter, or other such change of condition	



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