E OFFICE NSPORTER CAS ERATOR ORATION OFFICE	REQUES	CONSERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-101 and C-110 Effective 1-1-65 - GAS
etalor	Pennzoil Company		
Address			
Reason(s) for filing (Check proper b New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner_	Change in Transporter of: Oil Dry C Casinghead Gas Cond	8 - Midland, Texas 7970 Other (Please explain) Gas Change of oper - P. O. Drawer 1828 - Mi	ating name
L. DESCRIPTION OF WELL AN		1. 0. Diawer 1020 - Mi	dland, Texas 79701
Lease Name Western State Location	Well-No. Pool Name, Including	Formation Kind of Lea burg-San Andres State, Fede	Lease No.
· · · · · · · · · · · · · · · · · · ·	60 Feet From The North L	ine and Feet From	n TheWest
Line of Section 20 7	awnship 17-S Range	33-Е , ммрм,	Lea County
Rame of Authorized Transporter of C   Texas-New Mexico P   Nome of Authorized Transporter of C   Phillips Petroleum   If well produces off or liquids,   give location of tanks.	ripe Line Co.	Address (Give address to which appr P. O. Box 1510 - Midl Address (Give address to which appr Phillips Bldg., Bartl Is gas actually connected?	and, Texas 79701 oved copy of this form is to be sent)
Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth
Perforations	- <b></b>	-I	Depth Casing Shoe
HOLE SIZE		D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil	and must be equal to or exceed top allo
OII. WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	\ • •
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Qil-Bbls.	Water - Bbls.	
			Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Text	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Prossure (Shut-in)	Choke Size
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 best of my knowledge and belief.		OIL CONSERVATION COMMISSION APPROVEDJUL 24 1972	
		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 dilled 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-	
7-19-72 (Date)		sole 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 multiply	

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