DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104
······································		T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Supersedes Old C-101 and C-111 Effective 1-1-55
LAND OFFICE			GAS
GAS OPERATOR		•	•
PRORATION OFFICE			•
Address	Pennzoil Compa	ny	
P. O. Drawer 1828 - Midland, Texas 79701 Reoson(s) for filing (Check proper box)			
New Well Recompletion	Change in Transporter of:	Other (Please explain) Change of opera	ting name
Change In Ownership	Oll Dry C Casinghead Gas Cond		an injection well .
If change of ownership give name and address of previous owner	Pennzoil United, Inc.	- P. O. Drawer 1828 - Mi	
LESSCRIPTION OF WELL AN	D LEASE	•	
.Western State	Well No. Pool Name, Inciviling 4 Maljamar Gray	Formation Kind of Leas burg-San Andres State, Federa	Lease No.
Location Unit LetterH;	560 Feet From The East L	the and Feet From '	
20	ownship 17-S Range	20 F	00
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G		County
Name of Authorized Transporter of C None	Dil X or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas 🔀 🛛 or Dry Gas 🗍		Address (Give address to which approved copy of this form is to be sent)	
None If well produces oil or liquids, Unit Sec. Twp. Pge. Is gas actually connected? When give location of tanks.			en
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	.•
Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	<u> </u>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· ·
TEST DATA AND REQUEST 1 OIL WELL Date First New Oil Run To Tanks		fter recovery of socal volume of load oil a epth or be for full 24 hours j	\
Length of Test		Producing Method (Flow, pump, gas life	
	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
GAS WELL		•	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condenecte
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Prossure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	CE		TION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JUL 24 1972 19	
		BYOrig. Signed by Joe D. Ramey	
		TITLE Dist. I, Supt	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature) Office Manager		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-	
(Title) 7-19-72		All sections of this form must be filled out completely for ellow- shie 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 condities Separate Forms C-104 must be filed for each nool in multiply	

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JUL 2 % 1672 OIL CONSERVICED ; COMM. HUDL, M.



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