~	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUES	T FOR ALLOWABLE	Form C -104 Supersedes Old C+101 and C-110 Effective 1-1-65	
	LAND OFFICE TRANSPORTER OIL GAS	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL (GAS	
I.	OPERATOR PRORATION OFFICE Operator				
	Address	Pennzoil Company			
	P. O. Drawer 1828 - Midland Toxas 70701				
	Reason(s) for Itling (Check proper bo New Wo!I	x) Change in Transporter of:	Other (Please explain)	•	
	Recompletion Change in Ownership	Oil Dry Casinghead Gas Cond			
1	If change of ownership give name and address of previous owner	Pennzoil United, Inc.	- P. O. Drawer 1828 - Mid		
n. 1 [DESCRIPTION OF WELL AND Lease Name	LEASE Well-No. Pool Name, Including	Formation Kind of Lease		
	Western State			or Fee State B-2148	
	Unit Letter E : 6	60 Feet From The West L	Ine and 1980 Feet From T	noNorth	
ĺ	Line of Section 20 To	waship 17-S Range	33-Е , м мрм, L	.ea County	
n. i •[Name of Authorized Transporter of Oi.		AS Address (Give address to which approv	ed copy of this form is to be sent)	
ł	Texas-New Mexico Nome of Authorized Transporter of Ca	singhead Gas X or Dry Gas	P. O. Box 1510 - Midlar Address (Give address to which approv	id, Texas 79701 ed copy of this form is to be sent)	
	Phillips Petroles If well produces oil or liquids, give location of tenks.	Unit Sec. Twp. P.ge.	Phillips Bldg., Bartles	ville, Oklahoma 74004	
L	f this production is commingled wi	B 20 17-S 33- th that from any other lease or pool		12-2-58	
v. e [COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Difl. Res'v.	
	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
·	Elovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth	
	Perforations	I		Depth Casing Shoe	
			D CEMENTING RECORD		
F	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ן ז.'	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be	Alter recovery of total values of to 2 all		
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				` ·	
	length of Teat	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.		•	
L	•		nulot - DDJ3.	Gas • MCF	
	AS WELL				
Ľ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Festing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
• C	ERTIFICATE OF COMPLIANC	E	OIL CONSERVAT	ION COMMISSION	
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. [Signature] Office Manager			APPROVED JUL 24 1372 19		
			Joe D. Ramey		
			TITLE Dist. I, Supra		
			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 tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow		
. (Date)			well name or number, or transporter, or other such change of condities Separate Forms C-104 must be filed for each nool in multicity		

Forms C-104 must be filed for each In multic's Sec 0001



RICE (ED

JUL 2 1 YOY2 Oil Conservation Comm. Hoble, N. M.