NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION THE COMMENT OF ALLOWABLE SANTA FE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE 25 Ш OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Pennzoil United, Inc. Address P. O. Drawer 1828 - Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change of operating name Recompletion Oil Dry Gas PLEASE NOTE: This is an Injec tion Well Casinghead Gas Condensate Change in Ownership If change of ownership give name Pennzoil Company - P. O. Drawer 1828 - Midland, Texas and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee 10 Maljamar Grayburg San Andres Phillips State Location 1650 Feet From The 1650 South_{Line and}___ East Feet Fron The Unit Letter_ Township 17-S 28 Range 33-E , NMPM, II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil

Trwp.

Rge.

Gas Well

Is gas actually connected?

New Well

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oil/Gas Pay

Casing Pressure

completed wells.

Workover

DEPTH SET

Producing Method (Flow, pump, gas lift, etc.)

Name of Authorized Transporter of Casinghead Gas or Dry Gas

If well produces oil or liquids, give location of tanks

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Designate Type of Completion - (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

COMPLETION DATA

Date Spudded

Perforations

OIL WELL

Length of Test

GAS WELL

Unit

Sec.

If this production is commingled with that from any other lease or pool, give commingling order number:

Oll Well

Date Compl. Ready to Prod.

Name of Producing Formation

Date of Test

Oil-Bbls.

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complled with and that the information given above is true and complete to the best of my knowledge and belief.

(Title)

(Date)

Production Manager

<u>July 22, 1968</u>

Tubing Pressure

Length of Test

Tubing Pressure (Shut-in)

CASING & TUBING SIZE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

Lease No.

County

Same Res'v. Diff. Res'v.

B-2229

State

Lea

Address (Give address to which approved copy of this form is to be sent)

Plug Back

P.B.T.D.

Tubing Depth

Choke Size

Depth Casing Shoe

SACKS CEMENT

Deepen

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Water - Bbls.	Gas-MCF
Bbls, Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size
BY Seslie A	· Clements
TITLE	
If this is a request for all well, this form must be accom- tests taken on the well in ac	n compliance with RULE 1104. lowable for a newly drilled or deepened spanied by a tabulation of the deviation cordance with RULE 111.
able on new and recompleted	must be filled out completely for allow-wells.
well name or number, or transp	, II, III, and VI for changes of owner, porten or other such change of condition.
Separate Forms C-104 m	aust be filed for each pool in multiply