N. OF CAMES RECEIVED					
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.5.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					

EW MEXICO OIL CONSERVATION COMMISSIC

Form C-104

	FILE	- REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
	U.S.G.S.	411711001717101170	AND	Effective 1-1-65			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	L GAS			
	T oil	1					
	TRANSPORTER GAS	1					
	OPERATOR	1					
1.	PRORATION OFFICE	1					
	Operator						
	Pennzoil Company Address						
	P. O. Drawer 1828 - Midland, Texas 79701						
	Reason(s) for filing (Check proper box	P. O. Drawer 1828	8 - Midland, lexas /9 Other (Please explain)	701			
	New Well	Change in Transporter of:	Other (Please explain)				
	Recompletion	Oil Dry G	change of ope	rating name			
	Change in Ownership	Casinghead Gas Conde	≒ I	This is an injection well			
			El Trease note:	THIS IS AN INJECTION WELL			
	If change of ownership give name	Pennzoil United, Inc.	- P. O. Drawer 1828 -	Midland, Texas 79701			
	and address of previous owner		TO DIANCE TOES	Triatura, rexus 75701			
11.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including F		20000 110.			
	Phillips State	13 Maljamar Grayl	burg – San Andrestate, Fed	deral or Fee State B-2229			
	Location						
	Unit Letter P; 66	O Feet From The South Li	ne and 660 Feet Fro	om The East			
		17 C	22 E	1			
	Line of Section 28 Tov	vnship 17-S Range	33-Е , имрм,	Lea County			
	DESCRIPTION OF THE ANGRODS	PED OF OIL AND MARKIDAL C	• •				
ш.	DESIGNATION OF TRANSPORT			proved copy of this form is to be sent)			
	None			, , , , , , , , , , , , , , , , , , , ,			
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)			
	None						
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When			
	give location of tanks.						
	If this production is commingled with	h that from any other lease or pool.	give commingling order number:				
	COMPLETION DATA						
	Designate Type of Completion	Off Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Lievations (DI', RRB, RI, GR, etc.)	Name of Froducing 1 dimeter	Top on, ods Pay	Tubing Depti:			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			1				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-			
	II. WELL able for this depth or be for full 24 hours) ate First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Landtu of Tabl	Tubing Product	Cabing (1000 III)	0.000			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF			
'		<u></u>					
	GAS WELL						
.	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
			,				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	•			·			
VI.	CERTIFICATE OF COMPLIANC	CE ·	OIL CONSER	VATION COMMISSION			
			11.3	1 . 9 1972			
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUL 19 1972 Orig. Signed by					
	Commission have been complied w	ith and that the information given best of my knowledge and belief.	BY	Orig. Signed by			
above is true and complete to the best of my knowledge and belief.		TITLE Dist. I, Supv.					
	Par S. Johnson		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended				
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.					
Office Manager			10	All sections of this form must be filled out completely for allow-			
			able on new and recompleted wells.				
	July 14, 1972		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				
	(Dat	e)					
	and the second of the second o		Separate Forms C-104 m	ner he itted tot each boot in mmtibil			