n. of comish heel	[[rec		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		Ī	
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			ļ

	DISTRIBUTION	TW MEXICO OIL C	ONSERVATION COMMISSIC	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and C-		
	FILE		AND ON TO TRANSPORT OIL AND NATURAL GAS		
	U.S.G.S.	AUTHORIZATION TO TRA			
	LAND OFFICE	-			
	TRANSPORTER OIL	_			
	GAS	_			
	OPERATOR	_			
	PRORATION OFFICE				
	Operator	Pennzoil Company			
	Address	rennzori company			
P. O. Drawer 1828 - Midland, Texas 79701					
	Reason(s) for filing (Check proper box		Other (Please explain)	701	
	New Well	Change in Transporter of:	S (1 1220 CAP12111)		
	Recompletion	Oil Dry Go			
	Change in Ownership	Casinghead Gas Conder	F-1	rating namo	
	Change in Ownership		Change of ope	racing name	
	If change of ownership give name	Pennzoil United Inc	c P. O. Drawer 1828	- Midland, Texas 79701	
	and address of previous owner	remizori oniccu; in	c 1. 0. brawer 1020	- Maruna, Texas 19701	
	DECORPORAN OF WELL AND	LEACE			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Le	ase Lease No.	
	Phillips State	1 I	burg-San Andres State, Fed	eral or Fee State B-2229	
	Location Fill 11 PS State	1 3y Haljamai alay	burg-sun Anures	State B-EEE3	
	= ' ' '	10 Fact	. 330	m The South	
	Unit Letter 0 ; 23	10 Feet From The East Lin	se and Feet Fro	m The South	
	Line of Section 28 To	wnship 17-S Range	33-E , NMPM,	Lea County	
	Line of Section 20 To	wnship 1/-5 Range	33-Е , ммрм,	Led County	
	PROJECT ARTON OF TRANSPOR	TED OF OU AND NATURAL CA	e		
ш.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)	
	Texas-New Mexic				
	Name of Authorized Transporter of Ca	singhead Gas [V] or Dry Gas	Address (Give address to which app	land, Texas 79701 proved copy of this form is to be sent)	
	i				
	Phillips Petrol	Unit Sec. Twp. P.ge.		When	
	If well produces oil or liquids, give location of tanks.	F 28 17-S 33-E	,	5-1-58	
	<u></u>	<u></u>		<u>3-1-38</u>	
		ith that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi-	on - (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Compilitionary to 1 jour			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RRB, R1, GR, etc.)	Italie of Fredering Commencer	10, 011, 011 11,		
	Perforations			Depth Casing Shoe	
	Petroletions				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & YOUNG OF THE			
		IOD ATTOWARTE (T	<u> </u>	oil and must be equal to or exceed top allow-	
V.	TEST DATA AND REQUEST F		ifter recovery of total volume of load (ipth or be for full 24 hours)	ou and what of education of exceed tob attom-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Date First New Circums 10 1000				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Langth of 1001				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas - MCF	
	Actual 1 four paring 1 and				
	<u> </u>		<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	
			OH CONSERV	VATION COMMISSION	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSTR	VATION COMMISSION	
			APPROVED		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Orig. Signed by Joe D. Ramey		
above is true and complete to the best of my knowledge and belief.		e best of my knowledge and belief.			
		11			
This form is to be filed in compliance with s					
	Office Manager		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.		
(Title)		itle)	All sections of this form must be filled out completely for allow able on new and recompleted wells.		
	•	•	Fitt out only Sections I. H. III. and VI for changes of owner,		
July 14, 1972 (Date)		ate)	well name or number, or transp	porter, or other auch change of condition	
			II	wet he filed for each nool in multiply	

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 completed wells.