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TRANSPORTER	OIL	<u> </u>	
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE O. C. C.

AUTHORIZATION TO TRANSPORT ON SED MATURAL GAS

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

Operator Pennzoil United, Inc. Address P. O. Prawer 1828 - Midland, Texas Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Change of operating name Condensate Casinghead Gas Change in Ownership Pennzoil Company - P. O. Drawer 1828 - Midland, Texas 79701 If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Lease No. Kind of Lease E-5765-2 State, Federal or Fee State Vacuum Grayburg San Andres State "A" 1 Location West 330 South Line and Feet From The Feet From The_ Unit Letter Lea 34-E County , NMPM, 17-5 1 Range Township Line of Section Name of Authorized Transporter of Oil And NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 - Dallas, Texas Mobil Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔀 💮 or Dry Gas 🦳 Bartlesville, Oklahoma Phillips Petroleum Company Is gas actually connected? Unit T_{F.ge} 11-4-55 17-S 34-E If well produces oil or liquids, Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number Same Res'v. Diff. Res'v. COMPLETION DATA Plug Back Deepen Oil Well Gas Well Designate Type of Completion - (X) F.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas-MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE

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

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.

Manager of Production	
(Title)	
June 21, 1968	-
(Date)	

APPROVED TITLE

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 allowable on new and recompleted wells.

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.