| -   | DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE IRANSPORTER OIL GAS OPERATOR   | REQUEST  | ONSERVATION COMMISSIU<br>FOR ALLOWABLE<br>AND<br>NSPORT OIL AND NATURAL  | Form C-104<br>Supersedes Old C-10<br>Etloctive 1-1-65<br>_ GAS | 4 and C-116 |
|-----|--|--|--|--|-------------|
| 1.  | PRORATION OFFICE   |  |  |  |             |
|     | Pennzoil Company   |  |  |  |             |
|     | Address<br>P. O. Drawer 1828 - Midland, Texas 79701  |  |  |  |             |
|     | Reason(s) for filing (Check proper box)<br>New Well  | )<br>Change in Transporter of:   | Other (Please explain)   |  |             |
|     | Recompletion   | Oll Dry Ga   | s  |  |             |
|     | Change in Ownership  | Casinghead Gas Conden  | sate Change_of_oper  | cating name  |             |
|     | If change of ownership give name<br>and address of previous owner  | Pennzoil United, Inc.  | - P. O. Drawer 1828 -  | Midland, Texas 797   | 01          |
| 11. | DESCRIPTION OF WELL AND  | LEASE<br>Well No.   Pool Name, Including Fo  | ormation Kind of Le  | ease I t   | ease No.    |
|     | Gallagher State  | 1 Vacuum Lower W   |  |  | -1816       |
|     | Location   |  |  |  |             |
|     | Unit Letter <u>A</u> ; <u>66</u>   | OFeet From TheNorthLin   | e and <u>660</u> Feet Fro  | om The East  |             |
|     | Line of Section 3 Tov  | wnship 17-S Range  | 34-Е , ммрм,   | Lea  | County      |
| **  | DECIONATION OF TRANSPORT   | TER OF OIL AND NATURAL GA  | c  |  |             |
| LA. | Name of Authorized Transporter of Oil  | X or Condensate  | Address (Give address to which ap,   |  | ient)       |
|     | Mobil Oil Corporati  | ON<br>singhead Gas X or Dry Gas  | P. O. Box 900 - Dall<br>Address (Give address to which ap  | as, Texas 75221  | (ent)       |
|     | Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Co.   |  | Phillips Bldg., Bartlesville, Oklahoma 74004   |  |             |
|     | If well produces oil or liquids,   | Unit Sec. Twp. Ege.  | Is gas actually connected?   | When   |             |
|     | give location of tanks.  | A 3 17-S 34-E  | Yes  | 3-20-67  |             |
|     | If this production is commingled with COMPLETION DATA  | th that from any other lease or pool,  | give commingling order number:   |  |             |
| ••• | Designate Type of Completic  | O(1) Well Gas Well Gas Well  | New Well Workover Deepen   | Plug Back   Same Res'v. D                                      | iff. Res'v. |
|     | Date Spudded   | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.   |             |
|     |  |  |  | ·  |             |
|     | Elevations (DF, RKB, RT, CR, etc.)   | Name of Producing Formation  | Top Oil/Gas Pay  | Tubing Depth   |             |
|     | Perforations   |  | <u> </u>   | Depth Casing Shoe  |             |
|     |  |  |  |  |             |
|     | HOLE SIZE  | TUBING, CASING, AND<br>CASING & TUBING SIZE  | DEPTH SET  | SACKS CEMENT   |             |
|     |  |  |  |  |             |
|     |  |  |  |  |             |
|     |  |  |  |  |             |
| V.  | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-<br>able for this depth or be for full 24 hours)   |  |  |  |             |
|     | OIL WELL<br>Date First New Oil Run To Tanks  | Date of Test   | Producing Method (Flow, pump, ga.  | s lift, etc.)  |             |
|     |  |  |  | Choke Size   |             |
|     | Length of Test   | Tubing Pressure  | Casing Pressure  | CHOLE SILE   |             |
|     | Actual Prod. During Test   | Oll-Bbls.  | Water-Bbls.  | Gas - MCF  |             |
|     |  | ]  |  |  |             |
| -   | 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   |             |
|     |  |  |  | VATION COMMISSION  |             |
| VI. | CERTIFICATE OF COMPLIAN  | CE   |  |  |             |
|     | I hereby certify that the rules and regulations of the Oil Conservation  |  | APPROVED JUL 2 4 1972 19<br>Orig. Signed by  |  |             |
|     | Commission have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief.  |  | ВҮ   | loe D. Raney   |             |
|     |  |  | TITLE  |  |             |
|     | La L'Ochagan)  |  | This form is to be filed   | in compliance with RULE 110                                    | 14.         |
|     | and the second sec |  | If this is a request for sllowable for a newly drilled or despend<br>wall, this form must be accompanied by a tabulation of the deviation  |  |             |
|     | Office_Manager   | ature)   | tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for ellow-                 |  |             |
|     | (Title)  |  | able on new and recompleted wells.   |  |             |
|     | 7-20-72  |  | Fifl out only Sections I, II, III, and VI for changes of owner,<br>well name or number, or transporter, or other such change of condition. |  |             |
|     | (Date)   |  | Separate Forms C-104 :<br>completed wells.   | nust be filed for each pool i                                  | n multipl;  |
|     | · ····································   | and a second | ուն պետքիներները հերձեն ամենը հերհերակությունները։<br>Դեն պետքիներները   |  |             |

D.

JUL 3.1 (872 OIL COMPERMENTION COMER. SUBLES AND A