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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE POOL C.C.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator PENNZOIL COMPANY	
Address 1007 Midland Savings Bldg., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallagher-State	Well No. 1	Pool Name, Including Formation Wilheat-North Vacuum wellcamp	Kind of Lease State, Federal or Fee	Lease No. E-1816
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 3 Township 17-S Range 34-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation - (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 - Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Undetermined	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 3
	Twp. 17-S	Rge. 34-E
	Is gas actually connected? No	
	When Unknown	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded Nov. 23, 1966	Date Compl. Ready to Prod. Jan. 13, 1967		Total Depth 10,997		P.B.T.D. 10,931			
Elevations (DF, RKB, RT, GR, etc.,) 4077 RKB	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,684		Tubing Depth 10,723			
Perforations Two holes @ each of following depths: 10,689 - and 699'.					Depth Casing Shoe 10,997			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		379		310			
11	8-5/8		3324		345			
7-7/8	4-1/2		10997		975			
	2-3/8 EUE		10723					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks Jan. 13, 1967	Date of Test Jan. 14, 1967	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 1200	Casing Pressure Packer	Choke Size 16/64
Actual Prod. During Test 391	Oil-Bbls. 391	Water-Bbls. -0-	Gas-MCF 771

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 COMPLIANCE

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.


(Signature)

Production Manager
(Title)

January 18, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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.