DISTRIBUTION SANTA FE

7-20-72

(Date)

MEW MEXICO OIL CONSERVATION COMMISSIO REQUEST FOR ALLOWABLE

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

| | U.S.G.S. LAND OFFICE | AUTHORIZATION TO TRA | AND NSPORT OIL AND NATURAL | GAS |
|--|---|-------------------------------------|---|--|
| | IRANSPORTER OIL GAS | | | |
| 1. | PRORATION OFFICE | | | |
| | Pennzoil Company Address | | | |
| | P. O. Drawer 1828 - Midland, Texas 79701 | | | |
| Reason(s) for f:ling (Check proper box) New We!! Change in Transporter of: | | | | |
| | Recompletion | Oil Dry Gar | = 1 | |
| | Change in Ownership | Casinghead Gas Conden | sate [] Change of oper | ating name |
| | If change of ownership give name and address of previous owner | Pennzoil United, Inc. | - P. O. Drawer 1828 - | Midland, Texas 79701 |
| II. | DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease No. | | | |
| | Rock Island State 1 Vacuum Lower Wolfcamp North State, Federal or Fee State E-1774-2 | | | |
| | Unit Letter C : 66 | O Feet From The North Line | e and 1980 Feet From | The West |
| | Line of Section 3 Tov | waship 17-S Range | 34-E , NMPM, L | ea County |
| u. | | TER OF OIL AND NATURAL GA | S Ladress (Give address to which approximately approximate | round copy of this form is to be sent |
| | | | P. O. Box 900 - Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) | |
| | Mobil Oil Corporation Name of Authorized Transporter of Casinghead Gas X or Dry Gas | | Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, Oklahoma 74004 | |
| | Phillips Petroleum If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | hen //hen //hen |
| | give location of tanks. | C 3 17-S 34-E | Yes | 9-1-67 |
| v. | If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA | | | |
| | Designate Type of Completic | on - (X) Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. |
| | 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 |
| | Perforations | | <u>I</u> | Depth Casing Shoe |
| | TUBING, CASING, AND CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| | | | | |
| V. | EST 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 able for this depth or be for full 24 hours) | | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) |
| | | Tubing Pressure | Casing Pressure | Choke Size |
| | Length of Test | I tubing Pressure | | |
| | Actual Prod. During Test | Oil-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 |
| /I. | . CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| | I hereby certify that the rules and | regulations of the Oil Conservation | APPROVED JUL 24 1972 | |
| Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and belief. | | | BY | |
| | | | BY | |
| | | | | |
| | 1 cy 1. for | Kuch Lacure) | 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 FULE 111. | |
| | Office Manager | | All sections of this form t | must be filled out completely for allow- |
| (Title) | | | able 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.

RECEIVED

JUL 2 1 1072

OIL COMBERVATION COMM. HOBES, N. IA.