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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
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** 1169 / 25712

Address **P. O. Drawer 1828 - Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Federal "29" Lease	Well No. 1	Pool Name, Including Formation Undesignated South Corbin-Wolfcamp R-3438	Kind of Lease State, Federal or Fee Federal	Lease No. LC069276
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 29	Township 18-S	Range 33-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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119 - Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Phillips Building - Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 29	Twp. 18-S	Rge. 33-E	Is gas actually connected? No	When Soon

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 Res'v.	Diff. Res'v.
Date Spudded 12-11-67	Date Compl. Ready to Prod. 3-3-68		Total Depth 13585		P.B.T.D. 13426			
Elevations (DF, RKB, RT, GR, etc.) 3799 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10903		Tubing Depth 10383			
Perforations 10903-10991 13 holes					Depth Casing Shoe 10583			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		382		300			
11	8-5/8		4287		700			
7-7/8	5-1/2		13583		1070			
	1-1/4		10383					

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 3-3-68	Date of Test 3-31-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 475	Casing Pressure 1850	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 372	Water - Bbls. -0-	Gas - MCF 580

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.

Redney C Boyd
(Signature)
Petroleum Engineer
(Title)
4-3-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY James J. Farnley
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.