	h	-1		
	DISTRIBUTION SANTA FE		CONSERVATION CONTRISSION	Form C-104
~	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE		•	
•	TRANSPORTER GAS]	· ·	•
	OPERATOR			•
I.	PRORATION OFFICE	1	· · · · · · · · · · · · · · · · · · ·	·
		Pennzoil Company		·
	Address			
	P. O. Drawer 1828 - Midland, Texas 79701 Reoson(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion			•
	Change In Ownership	Casinghead Gas Conder	nsole [] Change of opera	ting name
	If change of ownership give name and address of previous owner	Pennzoil United, Inc	P. O. Drawer 1828 - Mid	land, Texas 79701
	•		•	
Π.	DESCRIPTION OF WELL AND Lesse Name	Well-No. Pool Name, Including Fi	ormation Kind of Lease	Lease No.
	Gllagher "8" State	1 Vacuum Penn		or Foo State E-1085
, .	Location			
	Unit Letter D; 660	Feet From The North Lin	e and 510 Feet From 1	rheWest
,	Line of Section 8 Tov	vnship]7-S Range	34-E . NMPM, Le	a County
		······································		······
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	red copy of this form is to be centl
•			P. O. Box 1183 - Houst	
	The Permian Corp. 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 Petroleum			sville, Oklahoma 74004
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. D 8 17-S 34-E	Is gas actually connected? Whe Yes	
		·*····································	******	March, 1969
	COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res'v.
	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
•	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Perforations		L	Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		L	l	iJ
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equable for this depth or be for full 24 hours)				and must be equal to or exceed top allow-
÷	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, fas lif	t, etc.)
	Length of Test	Tubing Prossure	Casing Pressure	Choke Size
:	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MOF
			•	
•	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shat-in)	Choke Size
	•		·	J
п.	CERTIFICATE OF COMPLIANC	CE		TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVEDJUL 24 197219	
	Commission have been complied w	ith and that the information given	· c	Drig - Signed by
	above is true and complete to the	best of my knowledge and belief.	Joe D. Ramey	
			TITLE	Dist. I. Supr.
- / / (This form is to be filed in compliance with RULE 1104.	
	Kr. K. K.	Charlen 1	If this is a request for allowable for a newly drilled or deepend 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 allow- sole on new and recompleted wells.	
	Office Manager	,		
	Office Hanager	le)		
	7-19-72		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.	
	• . (Dc	(e)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	

RE ENED

JULE 11172 OIL CONSET OF TY, COMM. HUEL, L. L.