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LAND OFFICE		
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-11
Effective 1-1-65

Operator Pennzoil United, Inc.		
Address P. O. Drawer 1828 - Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Plug back to Wolfcamp from Penn formation
Recompletion <input checked="" type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

THIS WELL IS BEING PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallagher "8" State	Well No. 1	Pool Name, including Formation N. W. Vacuum Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. E-1085
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> 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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 8
	Twp. 17-S	Rge. 34-E
	Is gas actually connected? <u>Yes</u> When <u>Prior to plug back</u>	

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 <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-31-68	Date Compl. Ready to Prod. 8-20-70	Total Depth 11,825'	P.B.T.D. 11,050'
Elevations (DF, RKB, RT, GR, etc.) 4106 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,929'	Tubing Depth 10,976'
Perforations 2 holes @ following depths: 10,929, 930, 931, 938 & 939'			Depth Casing Shoe 11,824'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	379	345
11"	8 5/8"	4,312	490
7 7/8"	4 1/2"	11,824	940

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 8-9-70	Date of Test 10-28-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure 20#	Choke Size -
Actual Prod. During Test	Oil-Bbls. 8.28	Water-Bbls. 25	Gas-MCF 2740

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.

Charles C. Brown
(Signature)
Mgr. of Drilling & Production
(Title)
November 5, 1970
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	NOV - 9 1970
BY	<u>[Signature]</u>
TITLE	SUPERVISOR DISTRICT
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 multiple.	