•	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	- REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-114 Elfective 1-1-65 L GAS
I.	PRORATION OFFICE Operator			
	Address Pennzoil Company			
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Midland, Texas 79701 Other (Please explain)	•
	Change in Ownership	Oil Dry Go Casinghead Gas Conder		rating name
	If change of ownership give name and address of previous ownerF	<u>ennzoil United, Inc</u>	- <u>P. O. Drawer 1828 - M</u>	lidland, Texas 79701
II.	DESCRIPTION OF WELL AND LE	ASE Well-No. Pool Name, Including F	formation Kind of Le	
	Sinclair "6" State	1 Vacuum Wolfcam	np Northwest State, Fed	eral or Fee State B-5659
	Unit Letter P : 660 Line of Section 6 Towns	17.0	ne and Feet 7 ro 34-E , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
•	Name of Authorized Transporter of Off [X The Permian Corporati	or Condensate	Address (Give address to which app P. O. Box 1183 - Hou	proved copy of this form is to be sent)
	Name of Authorized Transporter of Casing	head Gas X or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
	Phillips Petroleum Co		Phillips Bldg., Bart Is gas actually connected?	lesville, Oklahoma 74004 When
	<u></u>	P 6 17-S: 34-E	······································	October, 1969
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well New Well New Well Some Back Some Back Some Back Some Back			
-	Designate Type of Completion -	- (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
-	Date Spudded Da	ate Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.) No	ame of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	······································	<u> </u>	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours) OII. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test			
	Length of Test Tu	bing Pressure	Casing Pressure	Choke Size
•	Actual Prod. During Test Oi	l-Bbls.	Water-Bbls.	Gas-MCF
. [l		l	
ſ	GAS WELL Actual Prod. Teet-MCF/D	ngth of Test	Bbls. Condensate/MMCF	
: [Bois. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.) Tu	bing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JUL 24 1972	
(I hereby certify that the rules and regu Commission have been complied with above is true and complete to the be	and that the information given		Orig. Signed by
	above is true and complete to the be	st of my knowledge and bellel.	BY	Joe D. Ramey Dist. I, Supv.
		()	TITLE Dist. 1, oupville 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 allow- 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	
-	Signature	Kuson		
-	Office Manager	·		
	(Tille) 7-20-72			
-	(Date)			

REENED

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