_	DISTRIBUTION . SANTA FE FILE		CONSERVATION COMMISSING FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Ellective 1-1-65
,	U.S.G.S. LAND OFFICE FRANSPORTER GAS OIL GAS	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS
l.	OPERATOR - PRORATION OFFICE Operator	Danuari 1 Camanu		
	Pennzoil Company Address			
	P. O. Drawer 1828 - Midland, Texas 79701 Reason(s) for filing (Check proper box) New Well Change in Transporter of:			
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde		ting name
	If change of ownership give name Pennzoil United, Inc P. O. Drawer 1828 - Midland, Texas 79701			
n.	DESCRIPTION OF WELL AND Lease Name Mobil "7" State Location	LEASE Well No. Pool Name, Including F		Lease No. lorFee State E-1251
	Unit Letter B : 660 Feet From The North Line and 1930 Feet From The East			
Line of Section 7 Township 17-S Range 34-E , NMPM, Lea				d County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil				ved copy of this form is to be sent)
	The Permian Corporation P. O. Box 1183 - Houston, Texas 77001 Name of Authorized Transporter of Casinghead Gas (Torong Gas) Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleum C	Unit Sec. Twp. P.ge.	Phillips Bldg., Bartle	
	If well produces oil or liquids, give location of tanks.	B 7 17-S 34-E	1 .	October, 1969
	this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or				and must be equal to an exceed top allow-
j	OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
ļ	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 Prossure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIANCE			1111	TION COMMISSION 24 1972
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	AT PROVED	Orig. Signed by . Joe D. Ramey

This form is to be filed in compliance with RULE 1104.

TITLE .

(Signature)

(Title)

(Date)

Office Manager

7-19-72

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.

Dist. I, Supv.

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