DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUES	REQUEST FOR ALLOWABLE	
LAND OFFICE TRANSPORTER OIL GAS OPERATOR I. PRORATION OFFICE		RANSPORT OIL AND NATURAL	GAS
Operator	Pennzoil Company	,	
Address .			
Reason(s) for filing (Check prop New Well Recompletion		<u>8 - Midland, Texas 7970</u> Other (Please explain) Gas	
Change in Ownership If change of ownership give na and address of previous owner		- P. O. Drawer 1828 - M	
I. DESCRIPTION OF WELL			
Lease Name Phillips "28" St Location	ate 1 Vacuum Graybu	rg-San Andres State, Fode	Lause no.
Unit Letter <u>A</u> ;; Line of Section 28	990 Feet From The North L Township 17-S Range		a The East Lea County
I. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G		
Nome of Authorized Transporter Texas-New Mexico			roved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas 🔀 🛛 or Dry Gas 🗔 👘		P. O. Box 1510 - Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleu If well produces oll or liquids,	Unit Sec. Twp. Rge.	Phillips Bldg., Bartlesville, Oklahoma 74004 Sec.  Twp.  Pge. Is gas actually connected?  When	
give location of tanks.	<u>A</u> 28 17-S 35-E		12-29-58
COMPLETION DATA	od with that from any other lease or pool	····	
Designate Type of Comp		New Well Workove: 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, CR, e	tc., Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
,	THRING CASING AN		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
/. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be	after recovery of total volume of load oi.	l and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tank		depth or be for full 24 hours) Producing Method (Flow, pump, gas l	lift, etc.)
Length of Test	Tubing Pressure	Cesting Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
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GAS WELL Actual Prod. Tost-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choko Sizo
I. CERTIFICATE OF COMPL			ATION COMMISSION
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.		Orig. Signed by BYJoe D. Raney	
		TITLE Det D. Raney	
- Key S.	Johnson)	This form is to be filed in If this is a request for allo well, this form must be accomp-	compliance with RULE 1104. wable for a newly drilled or despend anied by a tabulation of the deviation
Office_Manager			ust be filled out completely for allow-
7-20-72	(Title)	able on new and recomplated w Fill out only Sections I, I	II. III, and VI for changes of owner,
	(Date)	well name or number, or transpor	ter of other such change of condition. at he filed for each pool in multiply

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