	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE		ONSERVATION COMMISSIC FOR ALLOWABLE AND NSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 L GAS
1.	INANSPORTER OIL   GAS   OPERATOR   PRORATION OFFICE   Operator	Pennzoil Company	<u> </u>	
	Address     P. O. Drawer 1828 - Midland, Texas 7970]     Reason(s) for filing (Check proper box)     New Well   Other (Please explain)     New Well   Other (Please explain)     Recompletion   Oil   Dry Gas   Other (Please explain)     Change in Ownership   Castnabead Gas   Condensate   Change of operating name			
	Change in Ownership If change of ownership give name and address of previous owner	Casinghead Gas Conden Pennzoil United, Inc	Change of ope	······································
¥1 .	DESCRIPTION OF WELL AND I Lease Name Phillips "28" State Location Battery #2 Unit Letter F ; 23"	LEASE Well No. Pool Name, Including Fo 2 Vacuum Graybu 10 Feet From The North Lin	rg San Andres State, Fo	deral or Fee State B-2498
		mship 17-S Range	<u> 35-Е , ммрм,</u>	Lea County
п.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Texas-New Mexico Pipe Name of Authorized Transporter of Cas Phillips Petroleum Co If well produces oil or liquids, give location of tanks.	Image: Second state of the condition of the conditis and the condition of the condition of the condition of	Address (Give address to which ap P. O. Box 1510 - Mi	pproved copy of this form is to be sent)
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number: New Well Workover Deepen	
	Designate Type of Completio		Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	· Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	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 exceed top allow- able for this depth or be for full 24 hours)     Date First New Oil Run To Tanks   Date of Test			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Siza
	Actual Prod. During Test	Oll-Bbla.	Water - Bbls.	Gas+MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
/I. CERTIFICATE OF COMPLI		CE		
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	with and that the information given	BY	Orie Signed by Joe D. Ramey
	Office Manager 7-20-72	le)	TITLE   Dist. I. Supy.     This form is to be filed in compliance with RULE 1104.     If this is a request for allowable for a nowly 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 transporten or other such change of condition.     Separate Forms C-104 must be filled for each pool in multiply completed wells.	

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