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LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				

June 21, 1968

(Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR A LIOWABLE AND AUTHORIZATION TO TRANSPORT THE COND NATURAL GAS				
1.	OPERATOR PRORATION OFFICE Operator	nited. Inc.				
	Pennzoil United, Inc. Address D. D. Dwayen 1929 Midland Toyac 70701					
	P. O. Drawer 1828 - Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden		erating name		
	If change of ownership give nam and address of previous owner					
II.	DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including Fo	ormation Kind of Lec	se Lease No.		
	Lease Name State	1-25 Spencer Po		ral or Fee State 11291		
	Location Unit Letter D ;	660 Feet From The North Line	e and 660 Feet From	The West		
	Line of Section 25	Township 17-5 Range	36-E , NMPM,	Lea County		
III.		ORTER OF OIL AND NATURAL GA	.S			
	Name of Authorized Transporter of The Permian Corpora		P. O. Box 3119 - Midl			
	Name of Authorized Transporter of	f Casinghed Gas 📉 or Dry Gas 🗔	Address (Give address to which appr P. O. Box 1650 - Tuls	oved copy of this form is to be sent)		
	Skelly Oil Company If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	her		
	give location of tanks.	D 25 17-S 36-E		12-15-64		
	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 Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Compl		How well is a	! ! !		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, et	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations TURING CASING AN			Depth Casing Shoe		
			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of epth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Oil-Bbis.	Water-Bbls.	Ggs-MCF		
	Actual Prod. During Test	OIL-BM6.				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
•••	CERTIFICATE OF COURT	LANGE	OIL CONSERV	ATION COMMISSION		
VI.	CERTIFICATE OF COMPL			22		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1 / 1 / 1/1/2	Final of		
	above is true and complete to the best of my knowledge and belief.		TITLE 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			
Manager of Pr		1 /	tests taken on the well in acc	ordance with RULE 111. nust be filled out completely for allow-		
		$(T(t)_{\bullet})$	li	malla		

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 completed wells.