## NEW MEMBES OF SO WEAVANEM SO MEMBES REQUEST FOR ALLOWABLE

## SANTAFE

5	бире	rsedes	Old	C-104	and	C-11
1	Effec	tive l	-1-65			

	FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  ANSPORTER OIL GAS  ERATOR ORATION OFFICE								
1.										
	Charles B. Read									
	P. O. Box 2126 Roswell, New Mexico 88201									
	Reason(s) for filing (Check proper box)	son(s) for filing (Check proper box)  Other (Please explain)								
	ew We'l A Change in Transporter of:  ecompletion Oil Dry Gas  thange in Ownership Casinghead Gas Condensate									
	If change of ownership give name and address of previous owner									
		FASE		· · · · · · · · · · · · · · · · · · ·						
H.	Lease Name									
	Pennzoil - State	1 Undesignate  D Feet From The North Line	d R-3651 State, 1 ede.	To all						
	The East									
	Line of Section 11 Tow	nship 19S Range 3	34E , NMPM,	Lea County						
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which appr	oved copy of this form is to be sent)						
	The Permian Corpora	tion	P. O. Box 3119 Mid	land, Texas						
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)							
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 11 19S 34E	Is gas actually connected? When No -							
IV	this production is commingled with that from any other lease or pool, give commingling order number:									
•••	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	11-22-68	12-14-68 Name of Producing Formation	5300' Top Oll/Gas Pay	5297¹ Tubing Depth						
	3972.5' GL Penrose		4986'	4982'						
	Perforations 4992.5', 4994' 5183', 5185',	,5000',5002.5', & 500 5231' & 5234.5'.	1.5'; 5054'; Depth Casing Shoe 5297'							
			DEPTH SET	SACKS CEMENT						
	HOLE SIZE	8 5/8"	3971	150 sx						
	7 7/8"	5 1/2"	5297'	250 sx						
		2 3/8"	49821	-						
V		EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)								
	OII. WELL  Date First New Oil Run To Tanks   Date of Test		Producing Method (Flow, pump, gas lift, etc.)							
	12-14-68	12-14-68 Tubing Pressure	Swabbing Casing Pressure	Choke Size						
	Length of Test 24 hrs.	O O	35#	-						
	Actual Prod. During Test	Cil-Bbls. 75	Water-Bbis.	Gas-MCF TSTM						
	130	13								
	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 Pressure (Shut-in)	Choke Size						
V	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION							
	I hereby certify that the rules and	regulations of the Oil Conservation	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despected.							
	Commission have been complied above is true and complete to the	with and that the information given e best of my knowledge and belief.								
	a $a$									
	Elman Klasse									
	, -	nature)	well, this form must be accompanied by a tabulation of the contained the taken on the well in accordance with RULE 111.							
	Agent	itle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.							
	12-18-68		must all only positions for the and VI for changes of owner.							
		Date)	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.							