NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

III.

NO. OF COPIES REC	EIVED		
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COM. SION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
SANTA FE		REQUEST FOR ALLOWABLE	
FILE		AND	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		·	
PRORATION OF	FICE		
Operator			
		Pennzoil United, Inc.	
Address			!

FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	GAS
LAND OFFICE		•	
TRANSPORTER OIL	<u></u>		•
GAS			
OPERATOR		•	
PRORATION OFFICE			<u> </u>
Operator	D 17 16 24 - 4 To-		
Address	Pennzoil United, Inc.		
	n o n 1000 M441	4 Taura 70701	
0 () (() () () ()	P. O. Drawer 1828 - Midland	1, Texas 79701 Other (Please explain)	
Reason(s) for filing (Check proper i		Other (Freuse explain)	
New Well X	Change in Transporter of: Oil Dry Gas		
Recompletion			Section 1
Change in Ownership	Casinghead Gas Condens	suce	
f change of ownership give named address of previous owner	8		
DESCRIPTION OF WELL AN	ID LEASE		
Lease Name	Well No. Pool Name, Including For	rmation Kind of Lea	se Lease No.
Mescalero Ridge Unit	Bone Sprir	ng R-3964 State, Feder	ral or Fee Federal NM 052
Location			
	2310 Feet From The South Line	e and 1800 Feet From	The East
Unit Letter U; Z		1 GGC 1 TOIL	
Line of Section 35	Township 19-S Range	34-E , NMPM,	Lea County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GAS	S	
Name of Authorized Transporter of	Oil X or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
		P. O. Box 3119 - Mid1	and, Texas 79701
The Permian Corporat Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent,
	0.50 mg.100 0.50 mg.100 mg	,	
Undetermined	Unit Sec. Twp. Rge.	Is gas actually connected? W	/hen
If well produces oil or liquids,	Unit Sec. 1 wp. 1.9e.	is gas actually commercial.	
give location of tanks.		<u> </u>	
f this production is commingled	with that from any other lease or pool, a	give commingling order number:	
COMPLETION DATA			Plug Back Same Resty, Diff. Resty
Designate Type of Comple	etion - (X)	1	Flag Back Same New Y
Designate Type of Compt		<u> </u>	-
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-1-69	2-5-70	13,980'	10,017'
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3709.4 GL	Bone Spring	9,688'	9,560'
Perforations			Depth Casing Shoe
<u>9672-9691</u>	1		10,293'
30.2 3031	TUBING, CASING, AND	CEMENTING RECORD	
. HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/3"	13 3/8"	855	800 sx
	9 5/8"	5,168	325 sx
12 ¼"	7 5/8"	10,293	600 sx
8 3/4"		9,560	
	2 3/8"		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o pth or be for full 24 hours)	it and must be equal to or exceed top allo
OIL WELL	ante for this de	Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks	1	_	• • • •
2-5-70	2-6-70	Flow	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	1
22 hrs	1375	pkr	14/64"
Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas - MCF
	376	20	710
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
	· · · · · · · · · · · · · · · · · · ·	OIL CONSERV	VATION COMMISSION
CERTIFICATE OF COMPL	IANCE	012 00110211	3
		APPROVED	, 19
I hereby certify that the rules	and regulations of the Oil Conservation		
Commission have been compli-	ed with and that the information given the best of my knowledge and belief.	BY_	May
Toole 12 And complete to	·	1 / 2	
/)		TITLE	
ν \wedge	0	This form is to be filed	In compliance with RULE 1104.
Noda. C	150 d	really a securet for all	towable for a newly drilled or deeper
- la une	(6)	Il	induied by a tabulation of file deviet
	Signatures	tests taken on the well in ac	Cordance with MALE 111.
Petroleum Enginee	<u>r</u>	All sections of this form	must be filled out completely for all
	(Title)	able on new and recompleted	Wells.
Enhausey 10 1070		Fill out only Sections I	. H. III. and VI for changes of own

February 10, 1970 (Date) Fill out only Sections I, II, III, and VI for changes of Samuel name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply