NO. OF COPIES REC	j		
DISTRIBUTION		1	
SANTA FE			
FILE			
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL		
THANG: ON ER	GAS		
OPERATOR			
PRORATION OFFICE			

Form C-104			
Supersedes	Old C-16	04 and	C-110
T4444 1			

	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11							
	U.S.G.S.		AND	Effective 1-1-65							
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS							
	I RANSPORTER OIL										
	GAS										
	OPERATOR	-									
1.	PRORATION OFFICE Operator										
	Pennzoil Company										
	Address										
	P. O. Drawer 1828, N Reason(s) for filing (Check proper box)										
	New We!l	Change in Transporter of:	Other (Please explain)	Conc Coming to Delevin							
	Recompletion X	Oil Dry Ga		Bone Spring to Delaware							
	Change in Ownership	Casinghead Gas Conder	nsate								
	If change of ownership give name										
	and address of previous owner	THIS WELL HAS BEEN PLACED IN	THE POOL								
II.	DESCRIPTION OF WELL AND I	DESIGNATED BELOW. IF YOU DO !	NOT CONCUR								
	Lease Name	Well No. Pool Name, Including Fo	2/ 1 2/42 1	Locate ite.							
	Mescalero Ridge Unit	3   Lea, NE (Delay	ware) K-8340 State, Federa	or Fee Federal NM052							
	D 55	A sussessing Fact		- South							
		4 Feet From The <u>Fast</u> Lin	ne and <u>554</u> Feet From '	The South							
	Line of Section 35 Tow	mship 19-S Range	34-Е , ммрм, Le	d County							
877	DESIGNATION OF TRANSPORT	CER OF OH AND MATURAL CA	SCURLOCK PERMIAN CORP	EFF 9-1-91							
111.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil		Address (Give address to which appro-								
	The Permian Corporat		P. O. Box 3119, Midlan	d. TX 79702							
	Name of Authorized Transporter of Cas		P. O. Box 3119, Midlan Address (Give address to which appro-	ved copy of this form is to be sent)							
	Phillips Petroleum C	Unit Sec. Twp. Rge.	Bartlesville, Oklahoma Is gas actually connected?	on.							
	If well produces oil or liquids, give location of tanks.	P 35 19-S 34-E	Yes	8-16-86							
	If this production is commingled wit	<del></del>	······································	3-10-80							
IV.	COMPLETION DATA										
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	X							
	4-29-70	8-16-86 (Delaware)	10250'	5990 '							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	3700.5 GR	Delaware	5780'	4945 Depth Casing Shoe							
	5780-5805' w/26 hole	S		10250'							
			CEMENTING RECORD	10230							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	17 1/2" 11"	13 3/8" 8 5/8"	346 ' 4050 '	340 ¹ 525 ¹							
	7 7/8"	4 1/2"	10250'	1120'							
	4 1/2"	2 3/8"	4945 '								
V.		OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours)    Producing Method (Flow, pump, gas li	ft, etc.)							
	8-17-86	8-25-86	Flowing								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	Actual Prod. During Test	65 Oil-Bbis.	Packer Water-Bbls.	15/64"							
	64	64	0	28							
		L Y !									
	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							
VI.	CERTIFICATE OF COMPLIANC	Œ	OIL CONSERVA	TION COMMISSION							
	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		APPROVED AUG 2 8 1085 , 19								
above is true and complete to the best of my knowledge and belief.		Paul Kautz  TITLE Geologist  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 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.									
					/Signature) Roy R. Johnson  Production Accountant  (Title)						
									8-26-86		Fill out only Sections I, II, III, and VI for changes of owner,
	(Da							te)	well name or number, or transport	er, or other such change of condition.	
						Separate Forms C-104 must completed wells.	t be filed for each pool in multiply				

