NO. OF COPIES RECEIVED							
DISTRIBUTIO							
SANTA FE							
FILE							
U.S.G.S.		<u> </u>					
LAND OFFICE							
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PRORATION OFFICE							
Operator Pennzoil Company							
							Address
P.O. Drawe	P.O. Drawer 1828, Mic						
Reason(s) for filing (Check proper box							

	SANTA FE		FOR ALLOWABLE	44	Supersedes Old Effective 1-1-65	C-104 and C-110	
	FILE					•	
- 1	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND I	IATURAL GA	15		
i	OIL						
	TRANSPORTER GAS						
	OPERATOR						
1.	PRORATION OFFICE	<u> </u>					
	Operator Donnaril Company						
	Pennzoil Company						
		land, TX 79702-1828					
	P.O. Drawer 1828, Midland, TX 79702-1828 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:				-	
	Recompletion	Oil Dry Gas	s 🔲				
	Change in Ownership	Casinghead Gas Conden	sate				
	If change of ownership give name						
	and address of previous owner			 			
**	DECOMPOSION OF WELL AND V	R-7667					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
	Mescalero -29- Federal (Com. 1 Quail Ridge M	lorrow	State, Federal	^{or F} Federal	LC 068037	
	Location					-	
	Unit Letter K ; 1980	D Feet From The South Line	e and 1650	Feet From Th	west	<u></u>	
		100	045	•			
	Line of Section 29 Tow	mship 195 Range	34E , NMPM	<u> </u>	ea	County	
***	DESIGNATION OF TRANSPORT	TED OF OUT AND NATURAL GA	9				
111.	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address	o which approve	d copy of this form is t	be sent)	
	The Permian Corporation	on Permian (Eff. 9 / 1 /87)	P.O. Box 1183 Address (Give address	, Houston	, TX 77001		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🗶	}			be sent)	
	Gas Company of New Mexico		311 Moore Dri				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	give location of tanks.	K 29 198 34E	<u>Yes</u>		-17-84		
	If this production is commingled with	h that from any other lease or pool,	give commingling order	number:			
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.	
	Designate Type of Completion	n = (X)	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	7-19-83	10-12-83	13680		13580		
	Elevations (DF, RKB, RT, GR, etc.) 3668.7 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13505		Tubing Depth 12999		
	Perforations			Depth Casing Shoe			
	2 JSPF (33 Holes) 13,505' to 13,521'						
		TUBING, CASING, AND	CEMENTING RECOR	D			
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		ENT	
	17 1/2" 13 3/8"		400		420		
	11"	8 5/8"	5000		1900		
	7 7/8"	5 1/2" 2 3/8"	13680 12999		595		
	5 1/2"		fter recovery of total volu			road to allow	
٧.	TEST DATA AND REQUEST FO	able for this de	epth or be for full 24 hours	1)		20000 100 011000	
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					, etc.)		
			Casing Pressure		Choke Size		
	Length of Test	Tubing Pressure	Cdsmg Pressure		V025 5.25		
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.		Gas-MCF		
		,					
	· · · · · · · · · · · · · · · · · · ·						
	GAS WELL		150 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F.	Gravity of Condensate 56° API		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
	Meter Run	3907	Packer	•	9/64		
TICOUT TOUR							
VI.	CERTIFICATE OF COMPLIANO	<i></i> E .i			1984	•	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. APPROVED Siddie Oil & Conservation			APPROVED	OIL CONSERVATION COMMISSION APPROVED JUL - 2 1984 Eddie W. Seay Oil & Gas Inspector			
			ddie W. 3				
			& Gas In	Sheer			
			TITLE				
	$ \leftarrow \sim (1) $			ompliance with RULI			
- Janus & Rodright			If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation				

Engineering Assistant (Title) 6-22-84

(Date)

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 transporter, or other such change of condition.

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

The state of the s

RECEIVED

JUL 2 - 1984

O.C.D.