NO. OF COPIES REC	i		
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THAILST SHITER	GAS		
OPERATOR			
PROBATION OF			

NO. OF COPIES RECE		_			
			DISERVATION COMMISSION	Form C-104	
SANTA FE FILE		Effective to		Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.		ALITUODIZATION TO TOA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE		AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	A5	
TRANSPORTER	OIL .				
	GAS				
OPERATOR					
PRORATION OF F Operator	ICE	•			
PENNZOIL COM	IPANY				
P.O. Drawer	1828 Mi	dland, Texas 79702-1828			
Reason(s) for filing			Other (Please explain)	S BILLION NIGHT SON	
New Well	X	Change in Transporter of:			
Recompletion		Oil X Dry Gas	ENERGY AN EXCHANGE TO BLOOM		
Change in Ownership		Casinghead Gas Condens	sate BORTAINED		
f change of owners and address of prev		R - 8	662 A discallow	55,595 (76BOP)	
DESCRIPTION O	F WELL AND	LEASE R-800	62 Shipp Str	awn	
Lease Name		Well No. Pool Name, Including Fo	+	Lease No.	
Viersen		l Undesignated	Allacell 1 State, Federal	cr Fee Fee	
Location					
Unit Letter	I;2	130 Feet From The South Line	e and 660 Feet From T	he East	
Line of Section	4 To	ownship 17-S Range 3	7-E , NMPM,	I.ea County	
		17-3ge 3	7-E. , 1400 W.	Lea County	
DESIGNATION O		TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)	
Texas-New Me	xico Pipel	ine Company	PO Box 2528 Hobbs, N	New Mexico 88240	
Name of Authorized Phillips Oil		asinghead Gas XX or Dry Gas	Address (Give address to which approv		
THILLIPS OIL	Company			Texas 79765	
If well produces oil give location of tank		Unit Sec. Twp. Ege.	Is gas actually connected? Whe	_	
If this production i	s commingled w	I 4 17 37 ith that from any other lease or pool,	No	Soon	
COMPLETION D		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Ty	pe of Complet		X	Flug Back Same fies (Bitt. 1988 ()	
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7-01-85		8-16-85	11390	.11346	
Elevations (DF, RK		Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth	
3791RKB, 377	2 GR	Strawn	11138	11051 Depth Casing Shoe	
Perforations 11,138-44-46	-48-55-57-	223-227-233-235-2 60-62-66-70-74-77-80-83-94	241-243-245-255 (1J S PF)2	B holes	
			CEMENTING RECORD	1 11389	
HOLE	SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1	/2"	13-3/8"	399	420	
11"		8-5/8"	4204	1440	
7-7	/8"	5-1/2"	11389	330	
		2-7/8"	11051	<u></u>	
TEST DATA AN OIL WELL	D REQUEST 1	FOR ALLOWABLE (Test must be af able for this de	fter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow-	
Date First New Oil	Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	ft, etc.)	
8-17-85		8-21-85	Flow		
Length of Test		Tubing Pressure	Casing Pressure	Choke Size	
24		250	Packer Water-Bbls.	40/64" Ggs-MCF	
Actual Prod. During 881 BBLs.	-	878	7		
		1 0/0	<u>, , , , , , , , , , , , , , , , , , , </u>	7.03	
GAS WELL					
Actual Prod. Test-	MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pi	tot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE	OF COMPLIA	NCE	OIL CONSERVA	ATION COMMISSION	
COMPANDATE !	J. JUME DIA	·· 	SF	P - 4 1985	
I hereby certify th	at the rules and	i regulations of the Oil Conservation	APPROVED	± 1303 , 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY ORIGINAL SIGNED BY JERRY SEXTON		
\		TITLE DISTRICT I SUPERVISOR			
	A he		This form is to be filed in	compliance with RULE 1104.	

/I.

V.

V.

(Signature) Roy Roy R. Johnson

Production Accountant (Title)

September 3, 1985

(Date)

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.

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 multiple

RECEIVED

SEP -4 1985

O.C.S.