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LAND OFFICE			
IRANSPORTER	OIL		
	G A S		
OPERATOR			
***************************************			

	SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1.	PRORATION OFFICE				
	Operator DENNZOTI C	OMDANY			
	PENNZOIL C	OMPAN I			
		ER 1828 - Midland, Texas	79702-1828		
	Reason(s) for filing (Check proper box,		Other (Please explain)		
	New Well	Change in Transporter of:	CASINGHEAD	GAS MUST NOT ME	
	Recompletion	Oil Dry Ga		R 3-/37	
	Change in Ownership Casinghead Gas Condensate UNLYST AN EXCEPTION TO RACT				
	If change of ownership give name and address of previous owner		<b>18</b> GRTAINED.		
11.	I. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including Formation   Kind of Lease   Lease				
	WALDRON	2 SHIPP STRA	WN State, Federa	or Fee FEE	
	Location  Unit Letter C : 1300 Feet From The North Line and 1980 Feet From The West				
	_			The West	
ł	Line of Section 3 Tow	vnship 17S Range	37E , NMPM, Le	a County	
ш.		TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Oll	or Condensate	Address (Give address to which approx		
	ENRON TRADING, INC.  Name of Authorized Transporter of Cas	singhead Gas XX or Dry Gas	P.O. Box 20108 - SHRI Address (Give address to which approx	EVEPORT, LA. 71112	
	Unknown at this time		i i i i i i i i i i i i i i i i i i i	year copy by this form is to be semi	
	If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.	Is gas actually connected? Whe	en	
	give location of tanks.	C 3 17S 37E	No	Soon	
		th that from any other lease or pool,	give commingling order number:		
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
	Designate Type of Completio	$n - (X)$ $\chi$	X		
	Date Spudded 4-11-87	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	5-27-87 Name of Producing Formation	11,530* Top Oil/Gas Pay	Tubing Depth	
	3767 GR	Strawn	11,250'	11,176'	
Ì	Perforations 11,250-280, 11	rations 11,250-280, 11,284-288, 11,294-297,  Depth Casing Shoe			
	11,311-317, 11,323-333, 11,338-340 & 11,342-348 w/2 SPF 11,529'				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
}	17-1/2"	13-3/8"	390'	425	
	11"	8-5/8"	4184'	1510	
	7-7/8"	5-1/2"	11,529	900	
	5-1/2"	2-7/8"	11,176'	i	
V.	OIL WELL	OR ALLOWABLE (Test must be af able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-	
į	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	5-27-87	6-17-87	Flow		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs Actual Prod. During Test	40	PKR.	34/64"   Gas-MCF	
	426	426	0	420	
	CAG WEST Y				
1	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 COMPLIANO	CE	OIL CONSERVA	TION COMMISSION	
	11N 2 6 1387			s 1987	
	I hereby certify that the rules and i	that the rules and regulations of the Oil Conservation			
	above is true and complete to the	best of my knowledge and belief.	e information given by JERRY SEXTON  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR		
		)	DISTRICT I SUF		

## VI.

Toy S. okusan
Roy R. Johnson (Signature)
Production Accountant
(Title)
June 18, 1987

(Date)

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.

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.