

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	
Operator P & P Producing, Inc.	Well API No. 300392209300
Address P.O. Box 3178, Midland, TX 79702-3178	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator <u>Graham Royalty, Ltd.</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 35	Well No. 7	Pool Name, including Formation Otero Gallup	Kind of Lease FED State, Federal or Foreign	Lease No. JIC 35
Location				
Unit Letter F	2326	Feet From The North	Line and 1840	Feet From The West
Section 1	Township 24N	Range 5W	NMPM Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887, Bloomfield, NM 87413					
Ciniza Pipeline Company						
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401					
El Paso Natural Gas Co.						
1. Well produces oil or liquids, location of tanks.	Unit 1	Sec. 35	Trp. 25	Rgn. 5	Is gas actually connected? Yes	When?
If production is commingled with that from any other lease or pool, give commingling order number.						

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Sbbl-in)	Casing Pressure (Sbbl-in)	Choke Size

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Larry R. Boren
Signature
Larry R. Boren Manager/Operations Accounting
Printed Name
9/29/93 915-686-4062
Date Telephone No

OIL CONSERVATION DIVISION

Date Approved NOV 12 1993

By [Signature]
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.