Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E. argy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

14		O INAN	<u>ISPORT OIL</u>	AND NA	I UNAL GA	· · · · · · · · · · · · · · · · · · ·					
Penlor Headington Oil Company							API No. 30-025-23354				
Address	 -										
7557 Rambler Road Reason(s) for Filing (Check proper box)	, Suite	1150,	Dallas, Te		231						
New Well		Chance in T	ransporter of:		et (Please expl	aun)					
Recompletion	Oil		ory Gas								
Change in Operator	Casinghead		Condensate	Eff	ective 4	-1-90					
If change of operator give name and address of previous operator Oryx	Energy	Compan	ıy, P. O. I	3ox 1861	. Midlan	d. Texas	79702	•			
IL DESCRIPTION OF WELL					,	a, remai	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Lease Name	AND LEA		ool Name, Includi	na Formation		V:- 4	of Lease		M.		
Mathers		1					Federal on Fee Lease No. E-1442				
Location	 -	 -				h	_				
Unit Letter L	- : 	60 F	eet From The	Vest Li∎	e and213	<u>0</u> Fe	et From The	South	Line		
Section 33 Township	11-S	S R	tange 33-S	, N	мрм, Le	a			County		
III. DESIGNATION OF TRAN	SPORTEI	R OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condensa			e address to wi	hich approved	copy of this f	orm is to be se	nt)		
Amoco Pipe Line Compa Name of Authorized Transporter of Casing	ny	- 	- D-: C - C	P. O.	Box 7020	68. Tul:	sa. Okla	homa 74	170-2068		
WArren Petroleum Comp		X •	r Dry Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102							
If well produces oil or liquids,	Unit Sec. Twp. Rge.							/IIId / 7-1 (
give location of tanks.	L	33	11S 33E	Yes		i					
If this production is commingled with that f IV. COMPLETION DATA	rom any other	er lease or po	ol, give commingl	ing order num	ber:						
V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -		<u>i </u>						1			
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Forn	nation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe				
							-				
	TUBING, CASING AND										
HOLE SIZE	CAS	ING & TUB	ING SIZE	DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	T FOD A	LLOWAL	N E				<u> </u>				
OIL WELL (Test must be after re				be equal to or	exceed ton allo	owable for thi	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes				ethod (Fiow, pu			, <u>, , , , , , , , , , , , , , , , , , </u>			
Length of Test	7.1			Casing Pressure			Choke Size				
rengin or less	Tubing Pres	STILE		Casing Pressure			Calone State				
Actual Prod. During Test	Oil - Bbls.		· · · · · · · · · · · · · · · · · · ·	Water - Bbls.			Gas- MCF				
GAS WELL	1		<u>.</u>	l	- , -		<u> </u>	•			
Actual Prod. Test - MCF/D	Length of T	est	<u> </u>	Bbis. Condensate/MMCF			Gravity of Condensate				
							_				
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-iii)	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE			1055:		D. // C: -			
I hereby certify that the rules and regula	tions of the	Oil Conserva	tio n	(DIL CON	1SERV	AHON	DIVISIC)N ,		
Division have been complied with and to is true and complete to the best of my k	that the information of the contract of the co	mation given d belief.	above	D-1-	.		MA	1241	gap		
nt 1 al	111		11	Date	Approve	a					
Michael Allen					By Orlg Sim						
Signature VIC9 President				By Signed by							
Printed Name	7/1/	19/ -	Title	Title			Geologist	~			
Date / 10	47	<i>7606</i> Teleph	one No.								

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.