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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. Operator**  
PIONEER PRODUCTION CORP.

**Address**  
P O Box 208, Farmington, NM 87401

**Reason(s) for filing (Check proper box)**

New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Lucerne</b>	Well No. <b>#1E</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Fed</b>	Lease No. <b>NM 010063</b>
Location Unit Letter <b>0</b> ; <b>1199'</b> Feet From The <b>South</b> Line and <b>1540'</b> Feet From The <b>East</b>				
Line of Section <b>8</b> Township <b>28N</b> Range <b>11W</b> , NMPM, <b>San Juan</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Co.</b>	<b>P O Box 990, Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>No</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>5-12-80</b>	Date Compl. Ready to Prod. <b>7-24-80</b>		Total Depth <b>6366'</b>		P.B.T.D. <b>6310'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5555' GL</b>	Name of Producing Formation <b>Basin Dakota</b>		Top Oil/Gas Pay <b>6035'</b>		Tubing Depth <b>6032'</b>			
Perforations <b>6049' to 6035'</b>					Depth Casing Shoe <b>6366'</b>			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>509' RKB</b>	<b>350 sx class B + 2% CaC</b>
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>6366' RKB</b>	<b>1st stage 351 cu.ft.</b>
	<b>1-1/4"</b>	<b>6032' RKB</b>	<b>2nd stage 1786 cu.ft.</b>

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after recovery of total volume of load 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 Tanks	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 <b>457 AOF</b>	Length of Test <b>3 hrs</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>one point back press.</b>	Tubing Pressure (shut-in) <b>1300 psi</b>	Casing Pressure (shut-in) <b>1290 psi</b>	Choke Size <b>1/2"</b>

**VI. CERTIFICATE OF COMPLIANCE**

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.

*Jim L. Jacobs*  
(Signature) **Jim L. Jacobs**  
Geologist  
(Title)  
**2-19-81**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED **FEB 27 1981**, 19\_\_  
BY **Original Signed by FRANK T. CHAVEZ**  
TITLE **SUPERVISOR DISTRICT # 3**

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.