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State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Pitts Energy Co.	Well API No.	30 025 31152
Address	511 W. Ohio, #300 Midland, TX 79701		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	<i>designate gas transporter +</i>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<i>show gas connection date</i>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Kendrick	Well No.	1	Pool Name, Including Formation	Gladiola Wolfcamp	Kind of Lease State, Federal or Fee	Lease No.
Location	Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>East</u> Line and <u>1500</u> Feet From The <u>South</u> Line Section <u>5</u> Township <u>12-S</u> Range <u>38-E</u> , NMPM, Lea County						

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Scurlock Permian	Address (Give address to which approved copy of this form is to be sent)	Box 4648 Houston, TX 77210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent)	Box 1150 Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>5</u> Twp. <u>12S</u> Rge. <u>38E</u>	Is gas actually connected?	When ?
		yes	April 1, 1992

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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>5/6/91</u>	<u>2/11/92</u>		<u>11960</u>		<u>11,900</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3861 GR</u>	<u>Wolfcamp</u>		<u>9468</u>		<u>9508</u>			
Perforations					Depth Casing Shoe			
<u>9468 - 9577</u>								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>378</u>		<u>420</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>4494</u>		<u>1410</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>11592</u>		<u>2310</u>			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>2/14/92</u>	<u>2/17/92</u>	<u>pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>n/a</u>	<u>10#</u>	<u>n/a</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>117 BO</u>	<u>21</u>	<u>96</u>	<u>25</u>

GAS WELL

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

VI. 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.

Signature Julie Jeffreys
Printed Name Julie Jeffreys Title Operations Clerk
Date 5/5/92 Telephone No. 915/682-4101

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.