State of New Mexico

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

Energy, Minerals and Natural Resources Department

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

OIL CONVERSATION DIVISION

P. O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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DISTRICT III

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1000 Rio Brazos Rd., Aztec, NM 87410 Well API No. Operator 30 - 015-00180 PENNZOIL PETROLEUM COMPANY Address P. O. BOX 2067, HOUSTON, TX 77202-2967 Other (Please explain) Reason (s) for Filling (check proper box) Change in Transporter of: EFFECTIVE October 30 1992 New Well Dry Gas Recompletion Oil Condensate Change in Operator X Casinghead Gas If chance of operator give name Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702 and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name State, Federal or Fee 107 Atoka San Andres Atoka San Andres Unit Location West_Line Feet From The 2972. 3 Feet From The Line and South Unit Letter , NMPM, Eddy County 26E Township Range Section 12 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS (Give address to which approved copy of this form is to be sent) Address or Condensate Name of Authorized Transporter of Oil P. O. Box 159, Artesia, NM 88210 Navaje Refining Company Address (Give address to which approved copy of this form is to be sent) or Dry Ga Name of Authorized Transporter of Casinghead Gas 4001 Penbrook, Odessa, TX 79762 Phillips 66 Natural Gas Company When? Is gas actually connected? Unit Sec Twp. Rge. If well produces oil or liquids, give location of tanks. Unknown Yes

Visition of the standard particular with that from any other lease or nool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Pługback	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)		<u> </u>						<u> </u>
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		
eforations						Depth Casing Shoe			
		TUBING, CA	SING AND	EMENTIN	G RECORD				
			G & TUBING SIZE		DEPTH SET		SACKS CEMENT		
HOLE SIZE	CAS								
HOLE SIZE	CAS			-					
HOLE SIZE	CAS								

(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) OIL WELL.

Casing Pressure	Choke Size
1	Choke Size 1-15-93
Water - Bbls.	Gas-MCF Edra OF
	Water - Bbls.

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

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 Printed Nau

OIL CONSERVATION DIVISION

Date Approved ___JAN 1 1 1992

Ву ORIGINAL SIGNED BY MIKE WILLIAMS

Title SUPERVISOR DISTRICT I

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.