

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

1228 1992

O. C. D.  
1228 1992

I.

|                                                                                           |                                     |                                                                             |                                   |
|-------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|-----------------------------------|
| Operator                                                                                  | PENNZOIL PETROLEUM COMPANY ✓        | Well API No.                                                                | 30 - 015-00205                    |
| Address<br>P. O. BOX 2087, HOUSTON, TX 77252-2087                                         |                                     |                                                                             |                                   |
| Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain) |                                     |                                                                             |                                   |
| New Well                                                                                  | <input type="checkbox"/>            | Change in Transporter of:                                                   | EFFECTIVE <u>October 30, 1992</u> |
| Recompletion                                                                              | <input type="checkbox"/>            | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |                                   |
| Change in Operator                                                                        | <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                   |

If chance of operator give name  
and address of previous operator Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702

## II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                   |          |                                |                                        |           |
|-------------------------------------------------------------------------------------------------------------------|----------|--------------------------------|----------------------------------------|-----------|
| Lease Name                                                                                                        | Well No. | Pool Name, Including Formation | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Atoka San Andres Unit                                                                                             | 146      | Atoka San Andres               | Fee                                    |           |
| Location                                                                                                          |          |                                |                                        |           |
| Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line |          |                                |                                        |           |
| Section <u>14</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> 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"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                             |                |
| <u>Navajo Refining Company</u>                                                                                   | <u>P. O. Box 159, Artesia, NM 88210</u>                                  |      |      |      |                             |                |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                             |                |
| <u>Phillips 66 Natural Gas</u>                                                                                   | <u>4001 Penbrook, Odessa, Tx 79762</u>                                   |      |      |      |                             |                |
| If well produces oil or liquids,<br>give location of tanks.                                                      | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected ? | When ?         |
|                                                                                                                  |                                                                          |      |      |      | <u>Yes</u>                  | <u>Unknown</u> |

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                    | Gas Well | New Well        | Workover | Deepen            | Plugback | 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      |          |            |            |
| Peforations                         |                             |          |                 |          | Depth Casing Shoe |          |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |          |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |          |            |            |
|                                     |                             |          |                 |          |                   |          |            |            |
|                                     |                             |          |                 |          |                   |          |            |            |
|                                     |                             |          |                 |          |                   |          |            |            |

## 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.) |                           |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size <u>1-15-93</u> |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF <u>6 mg op</u>  |

## GAS WELL

|                                     |                             |                             |                       |
|-------------------------------------|-----------------------------|-----------------------------|-----------------------|
| Actual Prod. Test - MCF/D           | Length of Test              | Bbls. Condensate/MMCF       | Gravity of Condensate |
| Testing Method (pilot, back press.) | 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 Roy R. Johnson  
Printed Name Roy R. Johnson Sr. Acct.  
Date 12/22/92 Title 1251682-2316  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved JAN 11 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.