Submit 5 Copies Appropriate District Office **DISTRICT I**

DISTRICT II

P.O. Box 1980, Hobbs, NM 88240

P. O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1 20 5 - 1992 O.C.D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	_	EST FOI TO TRAI					DRIZATIO L GAS	N) مچين	O. C. D.	F						
I.			<i>(</i>						Well 4	API No.							
Operator PENNZOIL PLTROLLS	JM COMP	PANY								015-00224							
Address DOV cont. High the																	
Reason (s) for Filling (check proper box)	<u>. 190 - 195 - 196</u>	<u> </u>			····	Oti	neı (Please exp	lain)		· · · · · · · · · · · · · · · · · · ·							
New Well		ange in Tran				— F.	FFECTIVE	. O.:	lake	130, 1992	_						
Recompletion Change in Operator X	Oil Casinghead	Gae	=	Dry Gas Condensa	ĿΗ	_		CAR	<i>D</i> 122		- 7 - 8 - 7 -						
If chance of operator give name	Casinghosa		<u> </u>														
and address of previous operator	Chevron U.	S.A. Inc., P.	O. Box 1	150, Mic	band, TX	79702											
II. DESCRIPTION OF WELL A	ND LEAS	SE		_													
Lease Name	Well No. Pool Name, Including Formation									of Lease Federal or Fee	Lease No.						
Atoka San Andres Unit		154	Atoka	San And	res				Fee								
Location																	
Unit Letter A	:	0405	Feet Fr	om The	North	Lin	ne and	990		Feet From The	EastLine						
	100		_ D		26E	N.	MPM,			Eddy	County						
Section 23 Township	185	OFOH	Range			i	1411 141,										
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	PORTER	or Cond		NATUI	Addr		ive address to	which a	prove	ed copy of this fo	orm is to be sent)						
-						·											
Water Injection Name of Authorized Transporter of Casingh	ead Gas	or I	Dry Gas		Addr	ss (G	ive address to	which a	prove	ed copy of this fo	orm is to be sent)						
								When									
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas	ctually co	nnected 7	When	1								
	<u> </u>							L									
If this production is commingled with that fr	om any other	r lease or poo	ol, give co	ommingli	ng order ni	ımbe <u>r:</u>											
IV. COMPLETION DATA		Oil We	ll Gas	Well	New Well	Workove	r Deepen	Plugb	ck	Same Res'v	Diff Res'v						
Designate Type of Completion	- (X)							<u> </u>			<u> </u>						
Date Spudded	Date Compl	. Ready to P	rod.		Total Dept	h		P. B. 7	. D.								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubin 3 Depth												
Peforations					Depth				Casing Shoe								
reiorations																	
HOLE SIZE	CASE	TUBING,				G RECOR DEPTH SE		_		SACKS CI	EMENT						
HOLE SIZE	CASING & TUBING SIZE				DIA HI SEI												
								仜									
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE														
OIL WELL (Test must be after re	Date of Test		load oil	and must	be equal to Producing		top allowable (Flow, pun	for this	depth o ift, etc.	or be for full 24	hours)						
Date First New Oil Run 10 Talls										Doste	1 ID-3						
Length of Test	Tubing Pressure				Casing Pressure Chok				1-15-93								
Actual Prod. During Test	Oil - Bbls.				Water - Bbls. Gas -				MCF () P								
CACAMELA	L							Щ.		ang	<i>01</i>						
GAS WELL Actual Prod. Test - MCF/D	Length of T	est			Bbls. Cone	iensate/MN	ACF	Gravi	y of C	ondensate							
					Continue Programma (Chart in) Charl				s: Size								
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in) Chok				3126								
VI. OPERATOR CERTIFICATE OF COMPLIANCE																	
I hereby certify that the rules and regulations of the Oil Conservation						_					OIL CONSER'/ATION DIVISION						
	ions of the O	il Conservati	ios			C	IL CON	SER	/AI	ION DIVIS	SIUN						
Division have been complied with and the	ions of the O	il Conservati nation given	ios		Date						SIUN						
	ions of the O	il Conservati nation given	ios			C Appro				1992							
Division have been complied with and the is true and complete to the best of my ken	ions of the O	il Conservati nation given	ios		Date By		ved	JAN L SIG	1 1 VED	1992	SIUN						
Division have been complied with and the is true and complete to the best of my king. Signature	ions of the O nat the inform owledge and	il Conservati nation given	ios			Appro	ved	JAN L SIG	11 VED	1992 BY	SION						
Division have been complied with and the is true and complete to the best of my ken	ions of the O nat the inform owledge and	il Conservati nation given	ios		Ву	Appro	ved	JAN L SIG	11 VED	1992 BY	SIUN						

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.