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

P. O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II

DISTRICT III

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

Ø. C. D.

1,2015 = 1992

•									ATTACK TO	**************************************	
Operator PENNZOIL PETROLEUM COMPANY							Well API No. 30 - 015-00287				
Address P. O. BOX 2967, HOUSTON, TX 77252-2967											
Reason (s) for Filling (check proper box)		·		· · · · · · · · · · · · · · · · · · ·		Other	(Please exp	lain)			
New Well	Char	age in Trac	asporter o	ıf:			- 	04/			
completion Change in Transporter of: EFFECTIVE October 30, 1992 Oil											
Change in Operator X Casinghead Gas Condensate											
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	o. Pool l	Name, In	cluding For	mation			of Lease	Lease No.	
Atoka San Andres Unit		150	Atoka	San And	res			State Fee	, Federal or Fee		
Location	*										
Unit Letter P	:	0990	_Feet Fr	om The	South	Line :	and	990	Feet From The	East Line	
Section 14 Township	1 8 S		Range		26E	, NM	PM,		Eddy	County	
III. DESIGNATION OF TRANS	SPORTER (OF OIL			RAL GA	s					
Name of Authorized Transporter of Oil		or Cond			Addre		address to	which approv	ed copy of this fo	orm is to be sent)	
						P. O. Box 159, Artesia, NM 88210					
Navajo Refining Company Name of Authorized Transporter of Casingh										orm is to be sent)	
Phillips 66 Natural Gas		S., I	70	T 70-0	7	4001 ctually conne		Mben ?	9762		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	la gas :	cusiny coase	CLEGG ?	Amen i			
		<u>i</u>		<u> </u>		Yes	···	<u> </u>	Unknown		
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		Oil We	II Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion											
Date Spudded	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				
W STEET DATE AND DECLIES	T EOD ALI	OWAT	DI E					L			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	be equal to	or exceed to	allowable	for this depth	or be for full 24	hours)	
Date First New Oil Run To Tank					Producing				gas lift, etc.) Ontil ID 3		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size 1-15-93			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas-MCF Golg OP			
GAS WELL	1				<u></u>						
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			
VL OPERATOR CERTIFICATE OF COMPLIANCE											
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedJAN 1 1 1992						
las R. Skusom					By ORIGINAL SIGNED BY						
Signature Ray Taluscal Ja Ast					Title SUPERVISOR, DISTRICT IF						
Printed Name Print						- SUP	'EKVISO	K, UISTRI			
Date /2/22/92 (7)											

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.