

District I  
PO Box 1988, Hobbs, NM 88241-1988  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1800 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 21, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address PENNZENERGY EXP. & PROD., L.L.C. P. O. BOX 50090 MIDLAND TEXAS 79710-0090		OGRID Number 017195
		Reason for Filing Code CH 3/4/99
API Number 30 - 015-10550	Pool Name ATOKA SAN ANDRES	Pool Code 03610
Property Code 008812	Property Name ATOKA SAN ANDRES UNIT	Well Number 141

II. Surface Location

UL or lot no. X J	Section 13	Township 18S	Range 26E	Lot Idn	Feet from the 2310	North/South Line SOUTH	Feet from the 2310	East/West line EAST	County EDDY
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code FEE	Producing Method Code Water Injection	Gas Connection Date N/A	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DIIC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		
				Posted TD 3 4-14-99 C. H. G.	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: Sharon K Hindman

Printed name: Sharon K Hindman

Title: Production Assistant

Date: 4/1/99

Phone: 915 686-3505

OIL CONSERVATION DIVISION  
ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

Approved by:

Title:

Approval Date:

5-6-99

If this is a change of operator fill in the OGRID number and name of the previous operator

Pennzoil Exploration & Production Company 017195

Previous Operator Signature

Sharon Hindman

Printed Name

Sharon Hindman

Title

Production Assistant

Date

4/1/99

District I  
PO Box 1900, Hobbs, NM 88241-1900

District II  
70 Drewes DD, Artesia, NM 88211-0719

District III  
1000 Rio Bravo Rd., Alamogordo, NM 87410

District IV  
PO Box 2000, Santa Fe, NM 87504-2000

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

**OIL CONSERVATION DIVISION**  
PO Box 2088  
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

Operator name and Address PENNZOIL EXPLORATION & PROD. CO. P. O. BOX 50090 MIDLAND TX 79710-0090		OGRID Number <del>017172</del> 17195
		Reason for Filing Code CH 01/01/95
API Number 30 - 0 15-10550	Pool Name Atoka San Andres	Pool Code 03610
Property Code 008812	Property Name Atoka San Andres Unit	Well Number 141

## II. <sup>10</sup> Surface Location

U1 or lot no.	Section	Township	Range	Lot/Idn	Feet from the	North/South Line	Feet from the	East/West line	County
54	13	18S	26E		2310	South	2310	East	Eddy

### **11 Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Ids	Feet from the	North/South line	Feet from the	East/West line	County
" Loc Code Fee	" Producing Method Code Water Injection	" Gas Connection Date N/A			" C-129 Permit Number		" C-129 Effective Date		" C-129 Expiration Date

### III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/C	" POD ULSTR Location and Description

RECEIVED

FEB - 8 1995

OIL CON. DIV.  
DIST. 2

#### IV. Produced Water

POD	POD ULSTR Location and Description

### V. Well Completion Data

" Spud Date	" Ready Date	" TD	" FBTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	

## VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Cog. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOP	" Test Method

"I hereby certify that the rules 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.

## Symptoms

Ray F. Johnson

OIL CONSERVATION DIVISION

**Approved by:**

**Printed name:**

ROY R. JOHNSON

**Title**

Time

**SR. ACCOUNTANT**

**Approval Date:**

**Date:** 02/01/95

**Phone:** 915-686-3511

\* If this is a change of operator fill in the OGRID number and name of the previous operator  
017195 - PENNZOIL PETROLEUM CO.

017195 - PENNZOIL PETROLEUM CO.

Previous Operator Signature \_\_\_\_\_

Previous Operator Signature Ray L. Johnson

**Printed Name**

ROY R. JOHNSON

Title

SR. ACCOUNTANT

Date \_\_\_\_\_

02/01/95

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 CONVERSATION 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

12094 1992

O. C. D.  
12094 1992

Operator <b>PENNECOIL PETROLEUM COMPANY</b>		Well API No. <b>30 - 015-10550</b>
Address <b>P. O. BOX 2087, HOUSTON, TX 77252-2087</b>		
Reason (s) for Filling (check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> 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"/>		
EFFECTIVE <b>October 30, 1992</b>		

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 <b>Atoka San Andres Unit</b>	Well No. <b>141</b>	Pool Name, Including Formation <b>Atoka San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>J</b> : <b>2310</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>East</b> Line Section <b>13</b> Township <b>18S</b> Range <b>26E</b> , NMPM, <b>Eddy</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Water Injection						
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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?

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 <b>posted ID-3 1-15-93</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <b>chg op</b>

**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

Printed Name

Date

Title

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.