

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1006 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

<sup>1</sup> Operator name and Address PENNZOIL EXPLORATION & PRODUCTION COMPANY P O BOX 50090 MIDLAND TEXAS 79710-0090		<sup>2</sup> OGRID Number 017195
		<sup>3</sup> Reason for Filing Code NW
<sup>4</sup> API Number 30 - 015-29790	<sup>5</sup> Pool Name ATOKA SAN ANDRES	<sup>6</sup> Pool Code 03610
<sup>7</sup> Property Code 008812	<sup>8</sup> Property Name ATOKA SAN ANDRES UNIT	<sup>9</sup> Well Number 163

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

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
N	11	18-S	26-E		1064	SOUTH	1649	WEST	EDDY

<sup>11</sup> 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
<sup>12</sup> Loc Code FEE	<sup>13</sup> Producing Method Code PUMP	<sup>14</sup> Gas Connection Date N/A	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date 8/15/97	<sup>17</sup> C-129 Expiration Date 8/15/98				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
015694	Navajo Ref. Co. PL Division P. O. Box 159 Artesia, NM 88210-0159	2804640	0	E 13-18S-26E Tank Battery
009171	GPM Gas Corp. 4044 Penbrook Odessa, TX 79762	2057130	0	E 13-18S-26E Tank Battery

IV. Produced Water

<sup>23</sup> POD 2057150	<sup>24</sup> POD ULSTR Location and Description E 13-18S-26E Tank Battery
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V. Well Completion Data

<sup>25</sup> Spud Date 10/19/97	<sup>26</sup> Ready Date 1/22/98	<sup>27</sup> TD 1804	<sup>28</sup> PBTD 1791	<sup>29</sup> Perforations 1643 - 1685'	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size 12 1/4"	<sup>32</sup> Casing & Tubing Size 8 5/8"	<sup>33</sup> Depth Set 1031	<sup>34</sup> Sacks Cement 100 sxs Cl H 300 sxs 36/6 Poz. 250 sxs Cl C		
7 7/8"	5 1/2"	1804	350 sxs Cl C		
	2 3/8"	1731.22			

VI. Well Test Data

<sup>35</sup> Date New Oil 1/22/98	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date 1/27/98	<sup>38</sup> Test Length 24 hrs	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> Tbg. Pressure	<sup>45</sup> Csg. Pressure	
16	12	10			

<sup>46</sup> 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: <i>Sharon Hindman</i>	<b>OIL CONSERVATION DIVISION</b> Approved by: <i>SUPERVISOR DISTRICT II</i> Title: Approval Date: <i>3-12-98</i>
Printed name: Sharon Hindman Title: Production Assistant Date: 02/09/98 Phone: 915 686-3505	

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

**New Mexico Oil Conservation Division  
C-104 Instructions**

**IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT**

**Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.**

**A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.**

**All sections of this form must be filled out for allowable requests on new and recompleted wells.**

**Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.**

**A separate C-104 must be filed for each pool in a multiple completion.**

**Improperly filled out or incomplete forms may be returned to operators unapproved.**

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  

NW	New Well
RC	Recompletion
CH	Change of Operator (Include the effective date.)
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:  

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:  

O	Oil
G	Gas
22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.
30. Top and bottom perforation in this completion or casing shoe and TD if openhole

31. Inside diameter of the well bore
  32. Outside diameter of the casing and tubing
  33. Depth of casing and tubing. If a casing liner show top and bottom.
  34. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
35. MO/DA/YR that new oil was first produced
  36. MO/DA/YR that gas was first produced into a pipeline
  37. MO/DA/YR that the following test was completed
  38. Length in hours of the test
  39. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  40. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  41. Diameter of the choke used in the test
  42. Barrels of oil produced during the test
  43. Barrels of water produced during the test
  44. MCF of gas produced during the test
  45. Gas well calculated absolute open flow in MCF/D
  46. The method used to test the well:  

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
  47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
  48. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person