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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

I.

| | |
|---|---|
| Operator PENNZOIL PETROLEUM COMPANY | Well API No. 30 - 015-20303 |
| Address P. O. BOX 2088 SANTA FE, NM 87504-2088 | |
| Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| 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 <u>October 30, 1992</u> | |
| 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 Littlefield "AB" Fed | Well No. 12 | Pool Name, Including Formation Shugart Yates | Kind of Lease State, Federal or Fee Federal | Lease No. |
| Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 22 Township 18S Range 31E , NMPM , Eddy 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) P. O. Box 5568, Denver, CO 80217 | | | | | |
| Texas New Mexico Pipeline Co. | | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> X or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 10 Dests Dr. West, Midland, TX 79702 | | | | | |
| Conoco, Inc. | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected ? Yes | When ? Unknown |

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, RL, 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 posted ID-3 1-15-93 |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF Chg of |

GAS WELL

| | | | |
|-------------------------------------|-----------------------------|-----------------------------|-----------------------|
| Actual Prod. Test | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (flow, pump, press.) | Tubing Pressure (Shut - in) | Casing Pressure (Shut - in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the data and regulations of the Oil Conservation Division have been complied with and that the information given above is true and correct to the best of my knowledge and belief.

Signature Roy R. Johnson
Printed Roy R. Johnson Sr. Asst.
Date 12/22/92 Title (915) 682-7316
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 11 1993**

By ORIGINAL SIGNED BY
Title MIKE WILLIAMS
SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for Allowable and Authorization for a newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 1104.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out sections II, III, IV, V, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate forms must be filed for each pool in multiply completed wells.

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