

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P. O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

|  |   |                                     |                                   |
|--|---|-------------------------------------|-----------------------------------|
| Operator   | PENNZOIL PETROLEUM COMPANY              | Well API No.                        | 30 - 015-21996                    |
| Address<br>P. O. BOX 2087, HOUSTON, TX 77252-2087  |   |                                     |                                   |
| 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"/>    | EFFECTIVE <u>October 30, 1992</u> |
| Change in Operator <input checked="" type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |                                   |
| If chance of operator give name and address of previous operator <u>Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702</u> |   |                                     |                                   |

II. DESCRIPTION OF WELL AND LEASE

|                      |  |                                |                                  |             |
|----------------------|--|--------------------------------|----------------------------------|-------------|
| Lease Name           | Well No.   | Pool Name, Including Formation | Kind of Lease                    | Lease No.   |
| Littlefield "EM" Fed | 1  | Shugart North Atoka            | State, Federal or Fee<br>Federal |             |
| Location             |  |                                |                                  |             |
| Unit Letter <u>J</u> | <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line |                                |                                  |             |
| Section <u>20</u>    | Township <u>18S</u>  | Range <u>31E</u>               | NMPM,                            | Eddy County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |         |
|--|--|---------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |         |
| Pride Pipeline Co. <u>2059010</u>  | P. O. Box 2436, Abilene, TX 79604  |         |
| 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) |         |
| Phillips 66 Nat Gas Co. <u>GPM</u> <u>2059830</u>  | 4001 Penbrook, Odessa, TX 79762  |         |
| If well produces oil or liquids, give location of tanks.   | Is gas actually connected ?  | When ?  |
| <u>Water</u> <u>2059050</u>  | Yes  | 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, 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 <u>posted ID-3</u><br><u>1-15-93</u> |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF <u>chg op</u>                         |

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 Ray L. Johnson  
Printed Name Ray L. Johnson Sr. Acct. Title   
Date 12/22/92 Telephone No. (915) 682-7316

OIL CONSERVATION DIVISION

Date Approved JAN 11 1992

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 for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C - 104 must be filed for each pool in multiply completed wells.