Submit 5 Copies Appropriate District Office DISTRICTI

P. O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Departmer. OIL CONSERVATION DIVISION Form C-104 V.
Revised J-*
See * See Instructions at Bottom of Pag

DISTRICT II

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

1000 Rio Brazos Rd., Aztec, NM 87410

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Logic Made U.C.D.

I.											
Operator FENNZOIL PETR	OLEUM CO	MPANY							Well API No.		
Address P. O. BOX 2967, HOUSTON, TX 77252-2967											
Reason (s) for Filling (check proper box))	. 11202 20.	01			Ou	hei (<i>Please e</i>	vnlain)			
New Well		ange in Tran	asporter of	f:					,		
Recompletion Change in Change in Change	Oil			Ory Gas		E	FFECTIV	/E <u>()</u>	to ber 30 19	92	
Change in Operator X	Casinghead (Jas		Condensa	ute 🔲				7		
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.	Pool N	ame, Inc	cluding Fo	rmation			Cind of Lease	Lease No.	
Keohane etal "C" Fed Com Location		1	Shugar	t North	Atoka		· 		State, Federal or Fee Federal		
Unit Letter L: 1980 Feet From The South Line and 990 Feet From The WEST Line											
Section 21 Township		80	_					940	Feet From The	WEST Line	
		OF OIL	Range AND N		31E		иРМ,		Eddy	County	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Pride Pipeline			[form is to be sent)	
Name of Authorized Transporter of Casing	X	P. O. Box 2436, Abliene, TX 79604 X Address (Give address to which approved copy of this form is to be sent)									
Philips 66 Natural Gas If well produces oil or liquids,	77-2	T	 _			400	rentrock,	Odessa, T	точеа сору ој иш ј IX 79762	orm is to be sent)	
give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas	actually conn	ected ?	When ?			
						Yes			TY-1		
If this production is commingled with that	from any other k	case or pool.	, give com	minglin	g order nu	ımber:			Unknown		
IV. COMPLETION DATA						·					
Designate Type of Completion	· - (Y)	Oil Well	Gas W	/ell N	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. R	leady to Pro	d.	T	otal Depti	<u> </u>		P. B. T. D).		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	scing Forma	ition	T	op Oil/Ga	s Pay		Tubing D	Tubing Depth		
Peforations	1		——								
		TRING CA	OTNO AL	- OF			-	Depun Ca	sing Shoe		
HOLE SIZE	CASING	UBING, CA	SIZE	ID CEM		DEPTH SET					
		CIBRO & TOBING SIZE				DELIH SEL			SACKS CEMENT		
				工							
V. TEST DATA AND REQUES	T FOR ALL	OWABL	E								
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total v	olume of loc	ad oil and	must be	equal to c	or exceed top	allowable fo	or this dep	th or he for full 24 k	one man l	
	Date of Test				Producing Method (Flow, pump, gas				etc.)	+n 3	
Length of Test	Tubing Pressure			Cı	sing Press	sure		Choke Siz	e 1 - 15	-93	
Actual Prod. During Test	Oil - Bbls.			W	ater - Bbls	<i>}</i> .		Gas-MCF Cong Op			
GAS WELL									- 0 .		
Actual Prod. Test - MCF/D	Length of Test				ls. Conde	nsate/MMCF	,	Gravity of	Condensate		
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)			Ca	Casing Pressure (Shut - in)			Choke Size			
VL. OPERATOR CERTIFICATI	E OF COME	PLIANCE	E	+							
I hereby certify that the rules and regulations of the Oil Conservation						OIL	CONS	FRVA	TION DIVISI	AN	
Division have been complied with and tha	at the information	n given abov	ve		OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved JAN 1 1 1992						
Signature O 1 Och 1 Son					By ORIGINAL SIGNED BY						
Signature Role R. Tohuson S. As +					BOLLE MAIL LABOR						
Printed Name Title					Title_		RVISOR,		ICT II		
Date /2/22/62 9/	15/682 - Telep	- //3// phone No.	_							·	

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.