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Appropriate District Office
DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

1992
O. C. D.
OFFICE OF THE COMMISSIONER

I.

Operator PENNZOIL PETROLEUM COMPANY	Well API No. 30 - 015-20200
Address P. O. Box 2088, Santa Fe, NM 87504-2088	
Reason (s) for Filling (check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) 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 Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "BD" State	Well No. 1	Pool Name, Including Formation Golden Lane Strawn	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter P : 0660 Feet From The South Line and 990 Feet From The East Line Section 32 Township 20S Range 30E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Company	or Condensate <input checked="" type="checkbox"/>	Address P. O. Box 2436, Abilene, TX 79604				
Name of Authorized Transporter of Casinghead Gas Gas Company of New Mexico	or Dry Gas <input checked="" type="checkbox"/>	Address P. O. Box 26408, Albuquerque, NM 87125				
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, 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 posted ID-3 1-15-93
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF chg or

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 **Roy R. Johnson**
Printed Name **Roy R. Johnson** Sr. Acct.
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

- 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.

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