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	Operator			
	Pennzoil Company /			
	Address			
	P O Drawer 1828			Μi

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OCT 2 1 161 O. C. D. Midland, Texas 79702-1828 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Add casinghead Gas Transporter Oil Dry Gas Recompletion Change in Ownership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Federal Big Eddy Unit 12 Big Eddy - Bone Spring <u> NM-04082</u> D ; <u>660</u> \_\_ Feet From The <u>North</u> Line and <u>660</u> \_ Feet From The <u>West</u> Line of Section 21 Township 20-S Range 31**-E** , NMPM, <u>Edd y</u> County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | A | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Permian (Eff. 9 / 1 /87) The Permian Corporation P.O. Box 1183-Houston, Texas 77001
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Bldg-Bartlesville, Oklahoma Phillips Petroleum Company Twp. Sec. Is gas actually connected? 21 | 20-S |31-E D Yes 10/19/81 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Workover Deepen Oil Well Gas Well New Well Plug Back Designate Type of Completion - (X) 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 Tuking Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE

(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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Cosing Pressure (Shut-in) Choke Size Testing Method (putot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE OCT 2 7 1961 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR DIFTRICT H TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Roy R. Johnson Office Manager

(Title)

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

Fill out only Sections I, II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.