

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Form 06-01-83
Page 1

OCT 03 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE *CI*

I. Operator PENNZOIL EXPLORATION AND PRODUCTION COMPANY

Address P. O. DRAWER 1828, MIDLAND, TX 79702-1828

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
NOTIFICATION OF COMPANY NAME CHANGE
FROM PENNZOIL COMPANY TO PENNZOIL
EXPLORATION AND PRODUCTION COMPANY

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

EFFECTIVE 10-1-88

Lease Name <u>Moore Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Carlsbad Wolfcamp South Gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>I</u>	<u>2310</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>East</u>
Line of Section <u>23</u>	Township <u>22 S</u>	Range <u>26 E</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)
<u>None</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>P. O. Box 1492, El Paso, TX - 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>Yes</u> <u>Unknown</u> <i>POST 10-3 11-4-88</i>

If this production is commingled with that from any other lease or pool, give commingling order number: Chg op. name

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ray L. Johnson
(Signature)
PRODUCTION ACCOUNTANT
(Title)
OCTOBER 1, 1988
(Date)

OIL CONSERVATION DIVISION
NOV 3 1988

APPROVED _____, 19____
BY Original Signed By
Mrs. Williams
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.
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.