NO. OF COPIES RECEIVED			
DISTRIBUTION	REQUEST FOR ALLOWABLE		
SANTA FE			Effective 1-1-65
FILE V V	ALITHOPIZATION TO TRAN	AND ISPORT OIL AND NATURAL G	2110 6 2 2 2
LAND OFFICE	AUTHORIZATION TO TRAIN	ASFORT OIL AND HATORAL G	13 MOU V 1 1304
TRANSPORTER OIL / GAS /			O. C. D. Artesia, Office
OPERATOR /		•	
PRORATION OFFICE Operator			· · · · · · · · · · · · · · · · · · ·
PENNZOIL CO	Y YMAGMC		
Address P. O. DRAWI	ER 1828 - MIDLAND, TEXAS	79702-1828	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Gas	x	
Change in Ownership	Casinghead Gas Condens	─	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.
Penn Federal	l Wildcat,	Atoka State, Federal	or Fee Federal NM0554235
Location	200	1000	11
Unit Letter F; 19	P80 Feet From The North Line	and 1980 Feet From T	he West
Line of Section 31 Tow	mship 20 S Range	30 E , NMPM,	Eddy County
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent!
Name of Authorized Transporter of Oil		P.O. Box 1183 - Houston	
The Permian Corporation	inghead Gas or Dry Gas xx	Address (Give address to which approv	
Gas Company of New Me	1	P.O. Box 26400 - Albugu	erque, NM., 87125
If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected? Whe	
give location of tanks.	F 31 20 30	YES	4-19-77
If this production is commingled wit. COMPLETION DATA	th that from any other lease or pool, a	give commingling order number:	
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date comparticular to 1100		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
Petrorations			
		CEMENTING RECORD	1 222 2525
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u> </u>
7. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(i, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Grand Liasama	Choke Size Choke Size Choke Size Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis,	Gas-MCF
		<u></u>	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION
		APPROVED AUG	2 1984, 19
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.		Original Staned By	
		Lostie A. C	lements
		TITLESupervisor District	

Roy R. Johnson

Production Accountan
(Title)

July 31, 1984

(Date)

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.