

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

I. OPERATOR

Operator  
**PENNZOIL UNITED, INC.**

Address  
**P. O. Drawer 1828, Midland, Texas, 79701**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

*Add com to lease name.*

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gulf Federal Com</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>South Carlsbad (Strawn)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-040547</b>
Location Unit Letter <b>L</b> , <b>1,980</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>West</b>				
Line of Section <b>6</b> Township <b>23-S</b> Range <b>27-E</b> , NMPM, <b>Eddy</b> 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"/> <b>PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas, 77001</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>TRANSWESTERN PIPELINE CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2521, Houston, Texas, 77001</b>
If well produces oil or liquids, give location of tanks. Unit <b>L</b> Sec. <b>6</b> Twp. <b>23-S</b> Rge. <b>27-E</b>	Is gas actually connected? <b>Yes</b> No <b>No</b> When <b>4-7-72</b> <b>When pipeline laid</b>

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	Plug Back	Same Res'ty.	Diff. Res'ty.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>12-10-71</b>	Date Compl. Ready to Prod. <b>1-24-72</b>	Total Depth <b>11,833</b>	P.B.T.D. <b>11,762</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3212.4 G.L.</b>	Name of Producing Formation <b>Strawn</b>	Top Oil/Gas Pay <b>10,142</b>	Tubing Depth <b>10,298'</b>					
Perforations <b>10,375' - 10,392'</b>			Depth Casing Shoe <b>11,830</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17-1/4"</b>	<b>13-3/8"</b>	<b>355'</b>	<b>350 SX.</b>					
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>5,335'</b>	<b>1,500 SX.</b>					
<b>8-3/4"</b>	<b>5-1/2"</b>	<b>11,830'</b>	<b>750 SX.</b>					
<b>5-1/2" csg.</b>	<b>2-1/16" tbq.</b>	<b>10,298'</b>	<b>---</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test <b>SEE NEW MEXICO FORM C-122</b>	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>2124</b>	Length of Test <b>4 hours</b>	Bbls. Condensate/MMCF <b>46.6</b>	Gravity of Condensate <b>61°</b>
Testing Method (pilot, back pr.) <b>Back pressure</b>	Tubing Pressure (Shut-in) <b>Various</b>	Casing Pressure (Shut-in) <b>Packer</b>	Choke Size <b>Various</b>

VI. CERTIFICATE OF COMPLIANCE

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.

*J. C. Raney*  
(Signature)  
**Petroleum Engineer**  
(Title)  
**February 16, 1972**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *W. A. Gressett*  
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 multi-