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Appropriate District Office
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DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 12 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PINON PETROLEUM INC		Well API No. 3001520785
Address 1002 KOENIGHEIM ST SAN ANGELO TX 76903		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator EXXON CORP POB 1600 MIDLAND TX 79702		

Lease Name MARY FEDERAL		Well No. 001	Pool Name, including Formation SHEEP DRAW STRAWN	Kind of Lease State, Federal or Fee	Lease No. NM 0426782
Location Unit Letter <u>H</u> : <u>1924</u> Feet From The <u>NORTH</u> Line and <u>651</u> Feet From The <u>EAST</u> Line Section <u>11</u> Township <u>23S</u> Range <u>25E</u> , <u>NMPM</u> , <u>EDDY</u> County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SCURLOCK PERMIAN		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE CO		Address (Give address to which approved copy of this form is to be sent) PO BOX 2521 HOUSTON TX 77252				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11	Twp. 23S	Rge. 25E	Is gas actually connected? YES	When? 12-11-75

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	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					
Perforations		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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		

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 Martin Lee PRESIDENT
Printed Name MARTIN LEE Title
8-10-93 915-658-5776
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 20 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title 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.