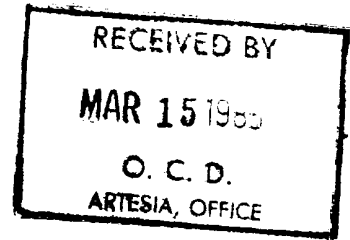


OIL CONSERVATION DIVISION
P. O. DRAWER DD
ARTESIA, NEW MEXICO 88210



DATE: March 13, 1985

NOTICE OF GAS CONNECTION

This is to notify the Oil Conservation Division that connection for the purchase of

gas from the Pennzoil Company

White Baby #2 ^{*Conn*} OPERATOR
LEASE & WELL Eddy County G-16-24-26
COUNTY UNIT S-T-R

Morrow El Paso Natural Gas Company
POOL NAME OF PURCHASER

was made on February 22, 1985 20911-2-02
DATE SITE CODE & SITE WELL NUMBER

EL PASO NATURAL GAS COMPANY
PURCHASER


ROBERT PATTERSON - Representative

Systems Dispatching Production
Coordinator, Title

c: Oil Conservation Division
State of New Mexico
P. O. Box 2088
Santa Fe, New Mexico 87501

Production Control - M/O
Gas Purchases - M/O
Operator
Earl Smith, Production - Jal
Charlie Annett - Midland
Joe Robinson - Jal
Eunice Field Lines
Jal Field Lines
Bill Cranford - Jal
Carl Frymire - Jal

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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
RECEIVED BY
Effective 1-1-85
MAR 11 1985
O. C. D.
ARTESIA, OFFICE

I. Operator
Pennzoil Company ✓
Address
P.O. Drawer 1828 - Midland, Texas 79702-1828
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
White Baby Com	2	White City Penn	State, Federal or Fee State	K-4540
Location Unit Letter G ; 1690 Feet From The North Line and 2130 Feet From The East Line of Section 16 Township 24S Range 26E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
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)	
El Paso Natural Gas Co.	P.O. Box 1492 - El Paso, TX 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When
		Yes 2-22-85

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'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-13-84	2-22-85	11,700'	11,652'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3404.8 GR	Morrow	11,234'	11,193'					
Perforations	Depth Casing Shoe							
11,234 to 11,624' (91 holes)	11,696'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 - 1/2	13 - 3/8	390	450					
12 - 1/4	9 - 5/8	5,469	2,400					
8 - 3/4	5 - 1/2	11,696	1,000					
	2 - 3/8 tubing	11,193						

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 Tanks	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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2-23-85 - 800 MCF	24 hrs.	Dry Gas	Dry Gas
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2500	-	Open

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.

Roy Johnson
Production Accountant
March 8, 1985

OIL CONSERVATION COMMISSION

MAR 19 1985

APPROVED _____, 19_____
BY _____
Original Signed By
Leslie A. Clements
TITLE _____
Supervisor District II

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.