

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PINON PETROLEUM, INC. ✓	Well API No. 3001525378 ✓
Address 1002 KOENIGHEIM ST SAN ANGELO TX 76903	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 P O BOX 1600 MIDLAND TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARY FEDERAL	Well No. 5 ✓	Pool Name, including Formation SHEEP DRAW (STRAWN)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 0426782
Location Unit Letter N : 709 Feet From The SOUTH Line and 1829 Feet From The WEST Line Section 11 Township 23S Range 25E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SCURLOCK PERMIAN CORP	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O BOX 3119 MIDLAND TX 79702-3119				
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS CO	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O BOX 1492 EL PASO TX 79978				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 23S	Rge. 25E	Is gas actually connected? YES	When? 5/21/91
If this production is commingled with that from any other lease or pool, give commingling order number: R-8218						

IV. COMPLETION DATA

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		
						Part I D-3		
						8-6-93		
						shg op		

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

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	Title PRESIDENT
Printed Name 7-21-93	Telephone No. 915-658-5776
Date	

OIL CONSERVATION DIVISION

Date Approved JUL 23 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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.