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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED

DEC 14 '90

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pacific Enterprises Oil Company (USA)		Well API No. N/A
Address P.O. Box 3083 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name PEOC Federal COMM 21	Well No. 1	Pool Name, including Formation Frontier Hills (Strawn)	Kind of Lease State, Federal or	Lease No. 0540294-A
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 21 Township 23 South Range 26 East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge Tx 76204				
Name of Authorized Transporter of Casinghead Gas Natural Gas Pipeline Company	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 283, Houston, Texas 77001-0183				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 21	Twps. 23S	Rge. 26E	Is gas actually connected? yes	When? 12-1-90

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 6-16-90	Date Compl. Ready to Prod. 11-30-90	Total Depth 11,950		P.B.T.D. 11,817				
Elevations (DF, RKB, RT, GR, etc.) GR 3358.5'	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,178'		Tubing Depth 10,120				
Perforations 10,178-84', 10,195-98', 10,236-316'				Depth Casing Shoe 11,950'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8"	602'		650 Sx Part ID-2				
12 1/4	8 5/8"	2,770'		1685 sx 1-4-91				
7 7/8"	5 1/2	11,950'		850 sx comp + BK				

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 3900	Length of Test 24 hrs.	Bbls. Condensate/MMCF 31.73	Gravity of Condensate 48.3°
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 4300	Casing Pressure (Shut-in) 0	Choke Size 16/64"

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
Randy A. Bares
Operations Engineer
Printed Name
December 13, 1990
Date
(915) 684-3861
Telephone No.

OIL CONSERVATION DIVISION

DEC 28 1991

Date Approved

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.