Submit 5 Copies
Appropriate District Office
P.O. Box 1980, Hoot Operator

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State of New Mexico
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Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION 24 '89

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATIONICE \*CORRECTED\* TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Pacific Enterprises Oil Company (USA) 300152574600S1 Address 10 Desta Dr., Suite 500 West, Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change of operator name from Recompletion Dry Gas Oil Terra Resources, Inc. Change in Operator Casinghead Gas Condensate Effective Date: April 24, 1989 If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE \*CORRECTED\* Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. NM30067 Pennzoil 9 Fed Diamond Mound Atoka Morrow State, Federal or Fee Federal Location 1980 Feet From The West Unit Letter \_ North \_\_ Line and \_ Feet From The Township 165 28E Range Eddy **NMPM** County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS \*CORRECTED\* Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, Texas 77251 or Condensate Permian Oil Co. Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1188, Houston, Texas 77251 or Dry Gas X Transwestern Pipeline Co. If well produces oil or liquids, Twp. Unit Sec. Rge. Is gas actually connected? When? give location of tanks 9 | 16S | 28E Yes 6-22-87 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod 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 SACKS CEMENT 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 '-F Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate A A Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUN 🏎 6 1989 is true and complete to the best of my knowledge and belief. Date Approved ORIGINAL SIGNED BY

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

May Date

Printed Name

<u> 16</u>

<u>Robert Williams</u>

1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT IV

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Accountant

5) 684-3861 Telephone No.

Title

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.