

**NEW MEXICO
OIL CONSERVATION COMMISSION**
P. O. BOX 2088
SANTA FE, NEW MEXICO

RECEIVED

MAY 7 1973

GAS SUPPLEMENT NO. (NW) (SE) SF-3697 DATE 4-11-73 O. O. O.

**NOTICE OF WELL CONNECTION OR AUTHORITY TO ASSIGN ALLOWABLE
ALL VOLUMES EXPRESSED IN MCF**

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and may be assigned an allowable as shown below.

Date of Connection _____ Date of First Allowable or Allowable Change _____
 Purchaser Transwestern Pipeline Co. Pool Carlsbad Morrow, South
 Operator Pennzoil Company Lease Echols Com
 Well No. 1 Unit Letter J Sec. 12 Twp. 23S Rnge. 26E
 Dedicated Acreage _____ Revised Acreage _____ Difference _____
 Acreage Factor 1.00 Revised Acreage Factor _____ Difference _____
 Deliverability _____ Revised Deliverability _____ Difference _____
 A x D Factor _____ Revised A x D Factor _____ Difference _____

Reclassified NM to M

DIST. # _____

CALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	PREV. ALLOW	REV. ALLOW	PREV. PROD.	REV. PROD.	REMARKS
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY			98062			
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						
TOTALS						19983 Cancelled due to Reclass.
ALLOWABLE PRODUCTION DIFFERENCE - - - - -				19983-		
March SCHEDULE O/U STATUS - - - - -				19983+		
REVISED March O/U STATUS - - - - -				-0-		
EFFECTIVE IN May SCHEDULE - - - - -						
PREVIOUS PERIOD ADJUSTMENTS - - - - -						CURRENT CLASSIFICATION N TO M

NOTICE OF SHUT-IN

The following described well has been Shut-in for Failure of Compliance :

Purchaser _____ Pool _____ Date _____
 Operator _____ Lease _____
 Well No. _____ Unit Letter _____ Sec. _____ Twp. _____ Rnge. _____
 Effective date of Shut-in _____ Reason for Shut-In _____

A. L. PORTER, Jr., Director
 By *R. L. Starnes*

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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE RECEIVED
 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

JUL 21 1972

O. C. C.
 ARTESIA, OFFICE

I. Operator Pennzoil Company

Address P. O. Drawer 1828 - Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Change of operating name

If change of ownership give name and address of previous owner Pennzoil United, Inc. - P. O. Drawer 1828 - Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Echols Com.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>South Carlsbad Morrow Gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> <u>Com. Agr. SW-579</u>				
Line of Section <u>12</u>	Township <u>23-S</u>	Range <u>26-E</u>	, NMPM, <u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>None</u>	
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)
<u>Transwestern Pipeline Co.</u>	<u>P. O. Box 2521 - Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
	<u>Yes</u> <u>5-1-71</u>

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.
<u>(X)</u>								
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 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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 S. Johnson
 (Signature)
 Office Manager
 (Title)
 7-20-72
 (Date)

OIL CONSERVATION COMMISSION

JUL 25 1972

APPROVED _____, 19____
 BY W. A. Gressett
 TITLE OIL AND GAS INSPECTOR

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 multiple-completed wells.