

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator	
Pennzoil Company	
Address	
P. O. Drawer 1828 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
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"/>

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DISCOVERED GAS MUST NOT BE
4/8/76
COLLECTION TO R-4970
REMAINING.

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "11"		1	North Mescalero Cisco	State, Federal or Fee State	E-9713
Location					
Unit Letter	L	1980	Feet From The	South	Line and 660
Line of Section		11	Township	10-S	Range 32-E
					NMPM, Lea County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation		P. O. Box 1183 - Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Corporation		P. O. Box 1589 - Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	L	11	10-S	32-E	No	Estimated 30 days

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
12-05-75		X							
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
12-05-75	2-04-76	9,000'		8,975'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
4306' KB	Cisco	8,762'		8,936'					
Perforations				Depth Casing Shoe					
8802-8806; 8887-8896'; 8898-8906'; 8911-8915'; 8945-8950'				9,000'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		400'		420 SX.				
11"	8 5/8"		3,420'		320 SX.				
7 7/8"	5 1/2"		9,000'		375 SX.				

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.)	
2-08-86	2-15-76	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-	150#	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
258 Bbls.	258	138	152

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

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.

By: J. C. Laney / Toni Bie
(Signature)
Advanced Petroleum Engineer
(Title)
2-17-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jerry Sexton
TITLE _____

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.