

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1. Operator name and Address Permian Resources, Inc. P. O. Box 590 Midland, TX 79702-0590		2. OGRID Number 025797
3. Reason for Filing Code CH Effective 03/01/98		
4. API Number 30-041-00234	5. Pool Name Allison; Penn	6. Pool Code 01149
7. Property Code 23049	8. Property Name Las Cruces "B"	9. Well Number #1

II. 10. Surface Location

Ut or lot no.	Section	Township	Range	Lot. Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
D	30	08S	37E		660	North	660	West	Roosevelt

11. Bottom Hole Location

Ut or lot no.	Section	Township	Range	Lot. Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
D	30	08S	37E		660	North	660	West	Roosevelt
12. Lin Code F	13. Producing Method Code P	14. Gas Capabilities Date		15. C-129 Permit Number		16. C-129 Effective Date		17. C-129 Expiration Date	

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
022507	Texaco Trading & Trans. 16825 Northchase Blvd. Houston, Texas 77060	1 2 0 4 5 1 0	O	B-30-08S-37E
024650	Warren Petroleum P.O. Box 4777 Houston, Texas 77210-4777	1 2 0 4 5 3 0	G	B-30-08S-37E

IV. Produced Water

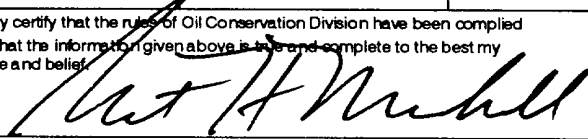
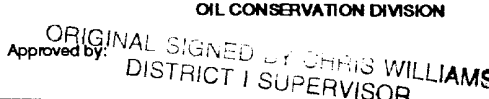
23 POD 1204550	24 POD ULSTR Location and Description
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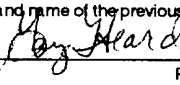
V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations	30 DHC, DMC
31 Hole Size	32 Casing & Tubing Size	33 Depth Set	24 Sacks Cement		

VI. Well Test Data

35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure
41 Choke Size	42 Oil	43 Water	44 Gas	45 ACF	46 Test Method

I hereby certify that the rules of 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: 		OIL CONSERVATION DIVISION Approved by:  DISTRICT I SUPERVISOR	
Printed Name: Robert H. Marshall		Title:	
Title: V.P.		Approval Date:	
Date: 3-9-98	Phone: 915-685-0113		

47 If this is a change of operator fill in the OGRID number and name of the previous operator M & W of Lovington, Inc.  GAYE HEARD Agent 03/02/98			
Previous Operator Signature OGRID # 13688		Printed Name Title Date	

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator M & W OF LOVINGTON, INC.		Well API No. 30-091-00239
Address P O BOX 922, LOVINGTON, N.M. 88260		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <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 LAS CRUCES "B"	Well No. 1	Pool Name, Including Formation ALLISON PENN	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03431
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 30 Township 8S Range 37E, NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO TRADING & TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) BOX 60628, MIDLAND, TX. 79711-0628					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent) BOX 1589, TULSA, OK. 74101					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 30	Twp. 8S	Rge. 37E	Is gas actually connected? Yes	When? 11/30/ 70

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
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.)

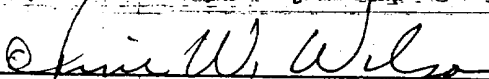
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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 
JOHNNIE W. WILSON PRESIDENT
Printed Name Title
June 21, 1989 396-4663
Date Telephone No.

OIL CONSERVATION DIVISION

JUN 23 1989

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

RECEIVED

JUN 22 1981

ODD
HOBBS OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
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

SA	TA	FE
FILE		
G.S.		
ID OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
M & W OF LOVINGTON, INC.
Address
P. O. BOX 922, LOVINGTON, NEW MEXICO 88260
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain)
If change of ownership give name and address of previous owner TEXACO PRODUCING INC. P.O. BOX 3109, MIDLAND TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name LAS CRUCES "B"	Well No. 1	Pool Name, including Formation ALLISON PENN	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-03431
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 30 Township 8S Range 37E, NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Ok. 74101
If well produces oil or liquids, give location of tanks. Unit B Sec. 30 Twp. 8S Rge. 37E	Is gas actually connected? When Yes 11/30/ 70

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

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)

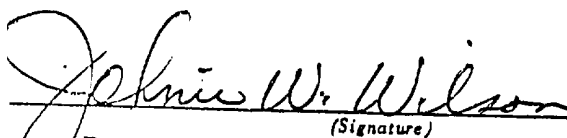
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.


President
April 26, 1989
(Date)

OIL CONSERVATION COMMISSION

MAY 15 1989

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXACO Producing Inc.
Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
Change of Operator from Getty to
TEXACO Producing Inc. 12/31/84

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Las Cruces "B"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Allison-Penn</u>	Kind of Lease State, Federal or Fee <u>NM-03431</u>	Lease No.
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>8S</u> Range <u>37E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589, Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>39</u>
	Twp. <u>8S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>Yes</u> when <u>11/30/70</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

W. B. Loh

(Signature)

District Operations Manager

(Title)

March 25, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1 , 19 85
BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

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 deviated 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.

RECEIVED

MAY 31 1985

OLD
HOMES OFFICE