NO. OF COPIES RECE					
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SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OF					
Operator PIONEER PRODUCTION CO					
P. O. Box	P. O. Box 2542 Amari				

	DISTRIBUTION SANTA FE FILE U.S.G.S. NEW MEXICO CIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL O		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
•	LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	AL GAS	
Operator					
	PIONEER PRODUCTION Conditions P. O. Box 2542 Amar	illo, Texas 79189	<u>. </u>		
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden			
,	If change of ownership give name and address of previous owner				
11.	I. DESCRIPTION OF WELL AND LEASE				
	Lease Name Pettigrew 30	Well No. Pool Name, Including Fo	i ci T	Lease Lease No. ederal or Fee State LG5550	
	Location	60 Feet From The North Line		rom The East	
	Line of Section 30 Tow	vnship 7S Range	35E , NMPM, RO	posevelt County	
III.	DESIGNATION OF TRANSPORT	ΓER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil		Address (Give address to which a	approved copy of this form is to be sent)	
	Koch Oil Company Name of Authorized Transporter of Cas	einghead Gas or Dry Gas		eckenridge, Texas 76024 approved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 30 7S 35E	Is gas actually connected?	When	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number		
	Designate Type of Completio	, X	New Well Workover Deepe		
	Date Spudded 8-13-84 Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. 9-24-84 Name of Producing Formation	Total Depth 4423 Top Oil/Gas Pay	P.B.T.D. 4314 Tubing Depth	
	4250 KB	San Andres	4168	4312 Depth Casing Shoe	
4168'-4301'				4423	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8" - 24#/Ft		220 sxs	
	7 7/8"	5 1/2" - 15.50#/ft 2 7/8" - 6.5#/ft		1630 sxs	
		2 1/0 - 0.3#/IL	4312'	None	
V.	TEST DATA AND REQUEST FOOLL WELL	d oil and must be equal to or exceed top allow-			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump,	as lift, etc.)	
	9-26-84 Length of Test	10-2-84 Tubing Pressure	Pumping Casing Pressure	Choke Size	
	24	30#		None	
	Actual Prod. During Test 154	Oil-Bbls.	30# Water - Bbls.	Gas-MCF	
		30	124	TSTM	
	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.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
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 beat of my knowledge and belief.		APPROVED 101151984 , 19			
		BY ORGEN SO:			
		TITLE			
Leve K. English If this			If this is a request for	in compliance with RULE 1104. allowable for a newly drilled or deepened	
4	Production Engineer	ature)	tests taken on the well in All sections of this for	ompanied by a tabulation of the deviation accordance with RULE 111. m must be filled out completely for allow-	
	(Til	(le)	able on new and recomplete	ed 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.