STATE OF NEW MEXICO
ERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

. OF COPIES RECEIVED		
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STAFE		
LE		
A.G.S.		
AND OFFICE		
TANSPORTER	OIL	
	GAS	
IRATOR		
ORATION OFFICE		

Operator
Pioneer Enterprises, INC

Address
1423 Lanham Midland, Texas 79701

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)
Effective Date 2-1-84

change of ownership give name
address of previous owner _____

ESCRIPTION OF WELL AND LEASE

se Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Aztec State (Com) #	4	Bonn Upper Penn	State, Federal or Fee State	13443

Unit Letter P   554 Feet From The South Line and   554 Feet From The East

Line of Section 25   Township 13 S   Range 32   , NMPM,   Lea   County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [✓]   or Condensate [ ]
Prude Pipeline Company

Address (Give address to which approved copy of this form is to be sent)
Box 2436 Abilene, Texas 79604

Name of Authorized Transporter of Casinghead Gas [✓]   or Dry Gas [ ]
Warren Petroleum Company

Address (Give address to which approved copy of this form is to be sent)
Tulsa, Oklahoma 74102   Box 1589

well produces oil or liquids, re location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	25	13S	32E	Yes	8 - 1970

is 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.

CERTIFICATE OF COMPLIANCE

by certify that the rules and regulations of the Oil Conservation Division have omplied with and that the information given is true and complete to the best of knowledge and belief.

H. H. Keaton
(Signature)
PRESIDENT
(Title)
1-4-1984
(Date)

OIL CONSERVATION DIVISION
FEB 1 7 1984

APPROVED _____ , 19 __

ORIGINAL SIGNED BY JERRY SEXTON
BY _____
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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 (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)

OIL WELL

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