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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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator P&P PRODUCING, INC. 2624	Well API No. 30-025-29634
Address P. O. BOX 3178, MIDLAND, TEXAS 79702-3178	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/> X	Casinghead Gas <input type="checkbox"/>
If change of operator give name and address of previous operator GRAHAM ROYALTY, LTD., P.O. BOX 4495, HOUSTON, TEXAS 77210	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name STATE QE-13 14463	Well No. 1	Pool Name, Including Formation RANGER LAKE PENN	Kind of Lease <u>State</u> , Federal or Fee	Lease No. LH-185
Location Unit Letter <u>N</u> : <u>1980</u> Feet From The <u>W</u> Line and <u>660</u> Feet From The <u>S</u> Line Section <u>13</u> Township <u>12S</u> Range <u>34E</u> , <u>NMPM</u> LEA 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"/>	Address (Give address to which approved copy of this form is to be sent) TEXACO TRADING & TRANSPORTATION INC BOX 5568, DENVER, CO. 80217-5568
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) GPM GAS CORPORATION 1030 PLAZA OFC. BARTLESVILLE, OK 80217
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>13</u> Twp. <u>12S</u> Rge. <u>34E</u> Is gas actually connected? <u>YES</u> When? <u>9/27/86</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
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		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 (prior, 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.

Larry R. Boren  
Signature LARRY R. BOREN MGR., OPER. ACCTG.  
Printed Name  
Date 9/23 1993 (915) 683-4768 Title  
Telephone No.

**OIL CONSERVATION DIVISION**

**DEC 14 1993**

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.