State of New Mexico

Submit 5 Copies

Appropriate District Office DISTRICTI

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

Energy, Minerals and Natural Resources Department

OIL CONVERSATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator PUNNZCIL PETROLEUM COMPANY						·			Well API No. 30 - 925-00360		
Address P. O. BOX 2967, HOUSTON, TX 77252-2967											
Reason (s) for Filling (check proper box) Other (Please explain)											
New Well Recompletion Change in Transporter of: Dry Gas EFFECTIVE October 30,1992										2	
Change in Operator X	Caringhead (Gas	<u> </u>	Condens	ate		_		·		
If chance of operator give name and address of previous operator Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
Lease Name								State	Kind of Lease Lease No. State, Federal or Fee		
Lea "R" State (NCT-A) 2 N. Anderson Ranch Cisco-Canyon State E-5370 Location											
Unit Letter D	:	0660	_ Feet Fr	om The	North	Line	and	660	Feet From The	West Line	
Section 01 Township	168		Range		32E	, NMI	PM,		Lea	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
1	X					,		**		,	
Shell Pipeline Corp.								Midland, TX			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Consecs, Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, TX 77001						
If well produces oil or liquids,			Twp. Rge.		Is gas a	Is gas actually connected?		When?			
give location of tanks.					Yes		ł	** •			
If this production is commingled with that from any other lease or pool, give commingling									Unknown		
IV. COMPLETION DATA	iom any outer	icase or po	or, give ec	Miniming II	ing order nu	inoci.					
		Oil We	ll Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion									<u> </u>		
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/Ga	Pay		Tubing Dep	ing Depth		
Peforations					Dent			Death Casin	andh Casing Shoe		
Peforations Depth Casing Shoe											
		TUBING,	CASING	AND C		RECORD					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
											
											
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to	ar avaced ton	allawahia 4	inn dhin dandh		L	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)										
						J, [, 8, 3)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas - MCF			
GAS WELL	•										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE								L			
I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION									ION		
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date Approved FEB 0 2 1993						
Toy S. Johnson					By ORIGINAL SIGNED BY JURRY SEXTON						
Signature A					DESIGNAL SIGNAL STREET STREET STREET I SUPERVISOR Title						
KOY K. Johnson Sr. Hect.										·	
Printed Name / 715 682 - 73/6											
Date Telephone No.											
INSTRUCTIONS: This form is to be			D. 2. 110								

- 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.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.