

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

## 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

I.

Operator	PENNZOIL PETROLEUM COMPANY	Well API No.	30 - 025-00369 ✓
Address	P. O. BOX 2967, HOUSTON, TX 77252-2967		
Reason (s) for Filling (check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE		October 30, 1992	
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.
Lea "CL" State NCT-A	1	Anderson Ranch Cisco-Canyon North	State, Federal or Fee	
Location	State			
Unit Letter	G	2651	Feet From The	North
Line and	1650	Feet From The	East	Line
Section 02	Township	16S	Range	32E
		, NMPM,		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)	
Shell Pipeline Corp.		P. O. Box 1910, Midland, TX 79701		
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)	
Conoco, Inc.		P. O. Box 2197, Houston, TX 77001		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgc.
Is gas actually connected ?	When ?			
Yes	Unknown			

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	Plugback	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					
Peforations	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 press.)	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 Roy R. Johnson  
Printed Name Roy R. Johnson - Sr. Acct.  
Date 12/22/92 Title (915) 682-7316  
Telephone No.

### OIL CONSERVATION DIVISION

FEB 02 1993

Date Approved  
By ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

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