Submit 5 Copies Appropriate District Office DISTRICTI

DISTRICT II

P. O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONVERSATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P. O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PENNZOIL PE	PENNZOIL PETROLEUM COMPANY								Well API No.			
Address P. O. BOX 2937, HOUSTON, TX 77252-296¶.										V		
Reason (s) for Filling (check proper box)						Othe	(Please ex	nlain)				
New Well	Other (Please explain) EFFECTIVE October 31, 1992											
Recompletion	Change in Transporter of: Oil Dry Gas				EFFECTIVE <u>O</u>			Octob	u 31, 1992			
Change in Operator X	Casinghead (Gas		Condens	nate							
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 N	o. Pool	Name, I	cluding Fo	rmation		1	of Lease	Lease No.		
Lea "R" State (NCT-A)	1 N. Anderson 5			Ranch Cisco Canyon			State, Federal or Fee State B-5370					
Location [B-53/0]												
Unit Letter A	•	0990	East I	From The	North	T in a		<i>((</i>)	5 .5 m	.		
				North Line and			660 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 or Condensate 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 X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Conoco, Inc. If well produces oil or liquids,					P. O. Box 2197, Ho. Is gas actually connected?			Touston, TX 77001 When ?				
give location of tanks.								Wike	¥7_4			
If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION DATA					ang or act he		 -					
Designate Type of Completion	- AV	Oil We	il Ga	s Weli	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion - (X) Let Spudded Date Compl. Ready to Prod.				Total Depth		P. B. T. D.	L	<u> </u>				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Peforations					1			Depth Casin	Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			T -	SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after 1				~~d ~~	ha anual sa			e at a				
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Location True	T.1: D								<u> </u>			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas - MCF	Gas - MCF				
GAS WELL	<u> </u>						· ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
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 ODED ATOD CEDITIES OF COMMANDE												
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
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							
Soy f. Johnson												
Signature O O T					ENTERCY I SUPERIVISOR							
Printed Name Title					Title							
12/22/92	P15) 6	82-7	3/6									
Date	T	elephone N	0.									

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
- 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.