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Appropriate District Office
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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

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 - 025-02719
Address	P. O. BOX 2837, HOUSTON, TX 77252-2837			
Reason (s) for Filing (check proper box)				
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas	
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate	
EFFECTIVE <u>October 30, 1992</u>				
If chance of operator give name and address of previous operator <u>Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702</u>				

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "TB"	1	Townsend Permian Upper Penn	State, Federal or Fee	
Location				
Unit Letter	V	Feet From The	South Line and	1980 Feet From The
Section	02	Township	16S	Range
				35E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address	(Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	<input type="checkbox"/>	P. O. Box 5568, Denver, CO 80217	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address	(Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	<input type="checkbox"/>	P. O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			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

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) 682-2316

Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 02 1993

By ORIGINAL SIGNED BY

Title DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C - 104 must be filed for each pool in multiply completed wells.

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