Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ..ergy, Minerals and Natural Resources Departn.

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u> </u>		OTRA	NSP	OH I OIL	ANU NA	TURAL GA		WAL			
Operator PENNZOIL PETROLEUM COMPANY								Well API No. 30-025-02721			
Address											
	IDLAND,	TEXAS	S 797	710-0090		- /0/	: \				
Reason(s) for Filing (Check proper box)		Chases !-	Twa-	retae of:	_	t (Please expla					
New Well	Correct Pool Name - Formation										
Recompletion U	Caringheac				EF:	FECTIVÉ _	10-30-	.92			
If change of operator give name					v 1150	Midland.	Tevas	79702			
				<u> </u>	· · · · · · · · · · · · · · · · · · ·				-		
II. DESCRIPTION OF WELL A	SCRIPTION OF WELL AND LEASE Well No. Pool Name, Include						Kind o	Kind of Lease		Lease No.	
STATE TD	1 Townsen			-		State,	State, Federal or Fee		E-7720		
Location	· · · · · · · · · · · · · · · · · · ·										
Unit Letter W	. :	099	OFeet Fi	rom The	South Lin	and198	<u>0</u>	et From The	East	Line	
Section 02 Township	1 6S		Range	35E	N	ирм,		Lea		County	
Section 02 10winship	105		Kange								
III. DESIGNATION OF TRAN				D NATU	RAL GAS				to *		
Name of Authorized Transporter of Oil	.△	or Conden	sale		4			copy of this for		NI)	
Texas New Mexico Pipel Name of Authorized Transporter of Casing		npany X	or Dry	Gas				ver, CO copy of this for		ent)	
Warren Petroleum Corporation					1 -		• •	sa, OK 74102			
If well produces oil or liquids,	Unit				Is gas actually connected?			When ? Unknown			
give location of tanks.	<u>ii</u>		<u>i</u>		Yes		1	Unkn	OWII		
If this production is commingled with that in IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ve comming!	ing order num	xer					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	o Prod.	 	Total Depth		.	P.B.T.D.		- ,	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				t			Depth Casing	Shoe		
					Apr	VA PECCE	<u> </u>	<u> </u>	 	·	
I ALP AIRE	TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SAUNS CEMENT			
											
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		L			is death as be de	سا اد کاران میں		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Rus To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Date Libriaca Oli Krii 10 1988	Date Of Ich					~ ·	, · g ·- ·3·1				
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
					Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Matet - Boir						
CACOUTII	1				. 			_1			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of Co	ondensate		
						· .					
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE			וכבטיי	ATIONIC	אטואר	7NI	
I hereby certify that the rules and regul	lations of the	Oil Coase	rvation		11 '	JIL CON	NOEK V	ATION [אפועור	אוע	
Division have been complied with and			ven abov	ve			ه دادن	40.03			
is true and complete to the best of my knowledge and belief.					Date Approver 19 1993						
Sharon K	VI.	dm	an	٠, ٠			MER RY	EDDV CEYT	ON		
Signature	rodusti	on As-	dota	n t	∥ By o	RIGINAL 510	CT I SUPE	ERRY SEXT	<u></u>		
Signature Sharon K. Hindman Production Assistant Printed Name Title											
11/08/93	915	686-3	505_		Title				·		
Date		Te	lephone	No.						·	
	8 y . 11428.					લા કુલા મુલ્લા ક					

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.