Submit 5 Copies State of New Mexico Appropriate District Office

Energy, Minerals and Natural Resources Department

DISTRICTI P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P. O. Box 2088

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

DISTRICT II

P. O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.											
Operator PENNZOIL PETF	ROLEUM CO	MPANY			·			7	Well API No.		
Address P. O. MON GOOD MONTHON TO FORT SOCT									30 - 025-02760	<u>/</u>	
Reason (s) for Filling (check proper box											
New Well		hange in Tra	nenorier	of			thes (Please e	- ,			
Recompletion	Oil			Dry Ga	AS 🔲	E.	FFECTIV	E Orto	May 1992) .	
Change in Operator X	Casinghead	Gas		Conde	nsate 🔲						
If chance of operator give name and address of previous operator	Chevron U.	S.A. Inc. P	O Roy	1150 1							
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	L AND LEAS	SE Well No	o. Pool	Name.	Incheding F	ation					
Hulda Townsend	14/44								ind of Lease late, Federal or Fee	Lease No.	
Location		1	Town	send Pe	ermo Penn	·			ee .		
TTmit T auton											
Unit Letter J		2310	_Feet Fr	rom The	c <u>Souti</u>	Lir	nc and	1980	Feet From The	East Line	
Section 09 Townshi	ip 168		Range	;	35E	, N	МРМ.				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS											
value of Address (Give address to which											
Amoco Production Company											
Name of Authorized Transporter of Carin Warren Petroleum Corporation		P. O. Box 1725, Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	Unit	Sec.		77			O. DOX 1302.	1 mars, OK	ma, OK 74102		
give location of tanks,	, , , , , , , , , , , , , , , , , , ,	300.	Twp.	Rge.	· is gas	actually con	nected ?	When?			
If this readuction is commissed with the		L		<u> </u>		Yes		L	Unknown		
If this production is commingled with that IV. COMPLETION DATA	from any other i	ease or pool	i, give co	mming	ling order n	umbe <u>r:</u>					
		Oil Well	Gas	Well	New Well	Workover	Deepen	Irw t t.	1		
Designate Type of Completion		<u></u>				WOLEDVE	Бесреп	Plugback	Same Res'v	Diff Rer'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					<u> </u>	,		I GOING TO	pun		
						_		Depth Casi	epth Casing Shoe		
HOLE SIZE CASING & TURING SIZE					EMENTIN	G RECORD)	<u> </u>			
11014, 0174,	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								 			
V. TEST DATA AND REQUES	T FOR ALI	OWABI	E					L			
OIL WELL (Test must be after no Date First New Oil Run To Tank	ecovery of total 1	volume of lo	ad oil an	d must	be equal to	or exceed to	p allowable f	or this depth	or he for full 24 h		
	Date of Test		_]	Producing 1	Method	(Flow, pump	, gas lift, et	c.)	pars,	
ength of Test	Tubing Pressure				Casing Pres	sure		Choke Size			
Actual Prod. During Test	Oil - Bbls.							CHORE DIZ			
	Ou - Dus.				Water - Bbls.			Gas - MCF			
GAS WELL											
ctual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nsate/MMCF	7	Gravity of C	Condensate		
esting Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size	Choke Size		
I. OPERATOR CERTIFICAT	TE OF COMPLIANCE							CHOIC SIZE			
I hereby certify that the rules and regulation	E UP CUIVIT	LIANCE	£			0 11	22310				
Division have been complied with and that	at the informatio	nservation n siven abov	~		OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved FEB 0 2 1993						
lay (John son)											
Signature					By _		al Ding		The second second		
KOY K. JOHNSON St. Acet.					Title	•	EDTS# (AC)				
Printed Name	Title	<u> </u>	_								
Date 7/3	1682-	23/4 phone No.	_								
		Mode Ito.	_								

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.