

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
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

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator Pennzoil Petroleum Company		Well API No. 30-025-05234
Address <i>PO Box 50090 Midland TX 79710-0090</i>		
Reason(s) for Filing (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"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
EFFECTIVE - <u>November 1, 1993</u>		

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Lea "G" State	Well No. 5	Pool Name, Including Formation Denton Wolfcamp	Kind of Lease State, Federal or Fee STATE	Lease No.
Location				
Unit Letter I	: 1980	Feet From The South	Line and 330	Feet From The East
Section 2	Township 15S	Range 37E	, NMPM,	Lea, County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TRANSPORTER CODE - EEC**

Name of Authorized Transporter of Oil EOTT Oil Pipeline Company	<input checked="" type="checkbox"/> EOTT Oil Pipeline LP	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, Texas 77210-4666
Name of Authorized Transporter of Casinghead Gas Tipperary Resources Corp.	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3179, Midland, Texas 79702
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	Plug Back	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		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 pr.)	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.

*Sharon K Hindman*  
Signature  
Sharon K. Hindman - Production Asst.  
Printed Name  
11/8/93  
Date  
(915) 686-3505  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved NOV 17 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

**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.