Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depar

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

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., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

4.		IO IRA	<u>MSPURTU</u>	IL AND NA	TUHAL G					
Operator Pennzoil Petrol	Pennzoil Petroleum Company						1 API No. -025-05237			
Address P.O. Box 50090,	Midlan	d, Tex	as 79710-	-0090				-		
Reason(s) for Filing (Check proper box)			· · · · · · · · · · · · · · · · · · ·	Oil	net (Please exp	lain)	<del></del>		<del></del>	
New Well		~ !-	T		ace (a name cap					
r = = = = = = = = = = = = = = = = = = =			Transporter of:	EE	THE COURT	M	L 1 1	000		
Recompletion	Recompletion Dil Dry Gas EFFECTIVE - November 1, 1993									
Change in Operator	Casinghea	d Gas 🔲	Condensate							
If change of operator give name and address of previous operator		<u> </u>							<del></del>	
II. DESCRIPTION OF WELL	AND LEA	ASE			·				- W	
Lease Name Lea "G" State	ing Formation of Camp					esse No.				
Location			<del></del>				STATE	<del></del>		
Unit LetterO	- :	990	Feet From The	South Lin	e and2	310R	et From The	East	Line	
Section 2 Townshi	P 15	s	Range 37	E N	мрм,			Lea,	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TRANSPORTER CODE - EEC										
Name of Authorized Transporter of Oil XX EO FI Extensive Pipeline Landdress (Give address to which approved copy of this form is to be sent)										
EOTT 011 Pipe line Compa bischiff Art 06 P.O. Box 4666, Houston, Texas 77210-4666  Name of Authorized Transporter of Casinghead Gas Type of Dry Gds Address (Give address to which approved copy of this form is to be sent)										
Tipperary Resources Corp & Davis  P.O. Box 3179, Midland, Texas 79702  If well produces oil or liquids, Unit Sec. Twp. Rgs. is gas actually connected? When?										
If well produces oil or liquids,	Twp. Rge	L is gas actually connected? When			7 10840 77702					
give location of tanks.	<u> </u>		l	Ye		L		Unknown		
If this production is commingled with that i	from any other	er lease or p	ool, give comming	ding order mumi	ber:					
IV. COMPLETION DATA		_		_						
		Oil Well	Gas Well	New Well	Workover	Deepea	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	1	1	1	Dupa	l ling bear	l	l	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation	Top Oil/Ges Pay			Tubing Depth			
Perforations				Depth Casin	g Shoe					
								•	•	
	T	UBING. (	CASING AND	CEMENTI	NG RECOR	D	<del></del>			
HOLE SIZE	DEPTH SET			SACKS CEMENT						
TIOCE OILE	HOLE SIZE CASING & TUBING SIZE				DEF IN SET			SAORS CEMENT		
			··			· · · · · ·				
				ļ	<del></del>					
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				<u> </u>	<u></u>					
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							
OIL WELL (Test must be after re	covery of tol	al volume oj	f load oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		•		thod (Flow, pu			<b>*</b>		
					-		•			
ngth of Test Tubing Pressure				Casing Pressu	æ		Choke Size			
	ruoing rio	-0.10								
A DE LA DESTA DE LA CONTRACTOR DE LA CON			31f.4 Ph. 1.			Gas- MCF				
Actual Prod. During Test	l Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF		
*****			<del></del>			<u></u>				
GAS WELL							_			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of C	ondensate		
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	······		
A ODED ATOD CEDTIESC	TE OF	COMPI	IANCE	1	<del></del>		L			
I. OPERATOR CERTIFICA					DIL CON	SERVA	MOITA	JIVICIO	M	
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					HOU A w 1000					
is true and complete to the best of my knowledge and belief.					Date Approved NOV 1 7 1993					
$\subseteq \mathcal{O}$	11	pp. 0 to								
_ Tharon K Nindma					<b>NA</b> 1					
Signature					URIGINAL S	IGNED BY	IERRY SE	XTON		
Sharon K. Hindman - Production Asst.					By ORIGINAL SIGNED BY IERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name Title										
11/8/93	(9)	15) 686		Title		····	·····			
Date			one No.	11						
				<u> </u>						

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.

With the Company