

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

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

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 Instruction
at Bottom of Page

I.

Operator	PENNZOIL PETROLEUM COMPANY	Well API No.	30 - 025-05237 ✓
Address	P. O. BOX 2067, HOUSTON, TX 77002-2067		
Reason (s) for Filling (check proper box)	☐ Other (Please explain)		
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐ Dry Gas ☐
Change in Operator	☒	Casinghead Gas	☐ Condensate ☐
If chance of operator give name and address of previous operator		EFFECTIVE <u>October 30, 1992</u>	
		Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lea "G" State	8	Denton Wolfcamp	State, Federal or Fee	
Location	State			
Unit Letter	o	: 0990 Feet From The	South	Line and 2310 Feet From The
Section 02	Township 1SS	Range 37E	NMPM,	Lea
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corp.		P. O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas	☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Fluorine Resources Corp.		500 West Illinois, Midland, TX 79701
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

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 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

Printed Name

Date

Title

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

FEB 02 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.

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