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

State of New Mexico "nergy, Minerals and Natural Resources Depar" at

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

DISTRICT # P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088 Sente Fe New Merice, 87504-2088

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM \$7410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. TO TRANSPORT OIL AND NATURAL GAS | | | | | | | | | | | |
|---|---|---|----------|---------------------------|--|-------------------------------------|---------------------|------------|----------------------------|-------------|--|
| Operator | | | | | | | Wall | IPI No. | | | |
| Pennzoil Petrole | | | 39 | | | | | | | | |
| Address P.O. Box 50090, Midland, Texas 79710-0090 | | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) Other (Please explain) | | | | | | | | | | | |
| New Well | 1 | Change in | | | | | | | | | |
| Recompletion | Oil Contact and | | Dry Ge | _ | EFFECTIVE - November 1, 1993 | | | | | | |
| Change in Operator Casinghead Ges Condensate I | | | | | | | | | | | |
| and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL. | AND LEA | SE | | | | | ····· | , | - | | |
| Lease Name | | Well No. Pool Name, Including | | | | . Onto | | | V Lease No. Redemi or Ree | | |
| Lea "G" State | 2 Denton Devonian STATE | | | | | | | | | | |
| Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line | | | | | | | | | | | |
| | | | | | | | | | | | |
| Section 2 Township 15S Range 37 E NMPM, Lea County | | | | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TRANSPORTER CODE - EEC | | | | | | | | | | | |
| Name of Authorized Transporter of Oil XX EOIL AND NATURAL GAS TRANSPORTER CODE - EEC. Name of Authorized Transporter of Oil XX EOIL And NATURAL GAS TRANSPORTER CODE - EEC. Address (Give address to which approved copy of this form is to be sent) EOTT 011 Pipeline Company—William 1 442 P.O. Box 4666. Houston. Texas 77210-4666. | | | | | | | | | | | |
| EOTT 011 Pipeline Company (1) (1) P.O. Box 4666. Houston, Texas 77210-4666 Name of Authorized Transporter of Casinghead Gas (X) Club by Cas (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | |
| Name of Authorized Transporter of Casing | | | | | 1 | P.O. Box 3179. Midland. Texas 79702 | | | | | |
| If well produces oil or liquids, | rell produces oil or liquids, Unit Sec. Twp. Rgs. | | | | Is gas actually connected? When ? | | | | 771112. | | |
| give location of tanks. | <u>i </u> | | <u> </u> | 1 | Ye. | | L | | Inknown | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA | | | | | | | | | | | |
| IV. COMPLETION DATA | ······································ | Oil Well | 7 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | | <u>i </u> | <u>i</u> | | <u> </u> | | | ļ | <u>i</u> | <u> </u> | |
| Date Spudded | Data Compl. Ready to Prod. | | | Total Depth | | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Cas I | Top Cil/Cas Pay | | | Tubing Depth | | |
| | | | | | <u> </u> | | | | | | |
| Perforations | | | | | | Depth Casing | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWA | ABLE | | | 4 | 1.0 - <i>6</i> at ' | . 4 | C 6.11 3.4 L | 1 | |
| 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 Pressur | | | 116 | | | Casing Pressure | | | Choke Size | | |
| tual Prod. During Test Oil - Bbls. | | | | · | Water - Bbls. | | | Gas- MCF | | | |
| Vernal Liner Dating Lear | Ou - Bois. | | | | | | | <u> </u> | | | |
| GAS WELL | <u> </u> | | | | , , | _ | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbls. Condensate/MMCF | | | Gravity of | Condensate | | | |
| | Tubica Bream (Shirt in) | | | Casing Pressure (Shut-in) | | | Charle Size | Choke Size | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (ones-12) | | | | | | |
| VI OPERATOR CERTIFIC | ATE OF | COMP | TIAN | ICE. | | | | | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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 | | | | | NOV 1 7 1003 | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | | Date Approved NOV 1 7 1993 | | | | | |
| Sharon K Windman | | | | | | | | | | | |
| Signature Sharon K. Hindman - Production Asst. | | | | | By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR | | | | | | |
| Printed Name Title | | | | | Title | | | Lik (130 | | | |
| 11/8/93 | (915 |) 686- | -3505 | | 11110 | | | | | | |
| Date | | Tele | phone h | 10. | 1 | | | | | | |

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.

