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

State of New Mexico

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

Operator	 	IO IHA	NS	<u> </u>	HI OIL	AND NA	TURAL GA		API No.	· · · · · · · · · · · · · · · · · · ·			
Pennzoil Petroleum Company							30-025-05310						
Address							30 023 03310						
P.O. Box 50090,	Midland	l, Texa	ıs	79	710-00	090							
Reason(s) for Filing (Check proper box)						Oth	es (Please expla	rin)					
New Well		Change is		-									
Ascompletion Unit Typy Gas FFECTIVE - November 1, 1993 Casinghest Gas Condensate													
Change in Operator	Casinghea	d Gas	Con	Sens	ate []		 						
and address of previous operator									·				
II. DESCRIPTION OF WELL	AND LE	ASE							,				
Lease Name Well No. Pool Name, Include						ng Formation K			nd of Lease No.				
L.R. Chamberlain 1 Denton De						/onian			ste, Federal or Fee				
Location													
Unit LetterB	_ :6	660	. Feet	From	m The	North Lin	2 and	<u>0</u> F	eet From The	East	Line		
Section 14 Township 15S Range 37E NMPM, Lea, County													
14 township 150 range 5/E twitting Deal County													
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TRANSPORTER CODE - EEC													
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)													
EOTT Oil Pipelin	e Compa												
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas								• •		copy of this form is to be sent)			
Tipperary Resour If well produces oil or liquids,								Midlar Whe		1. Texas 79702			
give location of tanks.	1	Count Sec. 1 Wp. Age.				is gas actually connected? When			Unknown				
If this production is commingled with that	from any oth	er lease or	pool,	give	comming		xer:		OHAIN	ZWII	<u></u>		
IV. COMPLETION DATA													
Decignate Type of Completion	~	Oil Well		G	ıs Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		n Pandu to				Total Depth		<u> </u>	I DOTO	1			
Date Spudded Date Compl. Ready to Prod.									P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas 1	Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casis	ng Shoe			
		SIDDIC	-		C 43/D	CE) (E) m	IC DECOR	<u> </u>		•			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET			1	SACKS CEMENT			
TIOLE SIZE	CACITO & TOBITO SIZE					DEF IN OCT				GATORO GEMENT			
						1							
	1			-					1	· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUES						he sould a so			is damb on he	for full 24 hour	1		
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te		of 100	a ou	ana musi					JOF JULI 24 NOW	78.)		
	First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, et												
Length of Test	Tubing Pre	Tubing Pressure					Casing Pressure			Choke Size			
	Oil - Bbls.					Water - Bbis.							
Actual Prod. During Test									Gas- MCF				
	<u> </u>				· · · · · · · · · · · · · · · · · · ·					·			
GAS WELL Actual Prod. Test - MCF/D						INI. C. A. A. A. C.			Gravity of Condensate				
Actual Prod. 1est - MCF/D	Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	(pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COME	PI I	N	CE	1			<u> </u>				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						DIL CON	ISERV	'ATION	DIVISIO	N			
Division have been complied with and that the information given above						H	•						
is true and complete to the best of my knowledge and belief.						Date	Approve	d NOV	1 7 199	3			
Sharon K Hindman							.,		- 1 100	<u> </u>			
						By_	ORIGINAL DIS	SIGNED	Y JERRY S	EXTON			
Sharon K. Hindman - Production Asst.							OIS.	TRICTIC	PERVISOR				
Probled Name			Title	,		Title							
11/8/93 Date	(9)		6-3.										
		146	-prioriti	140		<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.