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

State of New Mexico Energy, Minerals and Natural Resources Dep

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 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSP	ORT O	L AND NA	TURAL G					
Operator				<u> </u>	C/110 11/	TOTAL		API No.			
Pennzoil Petrole	um Comp	any					30	-025-053	311		
Address	<u> 2.</u>			·····				023 03.	<u> </u>		
P.O. Box 50090, 1	Midland	, Texa	as 7	9710-00	090						
Reason(s) for Filing (Check proper box)					00	het (Please exp	lein)			 	
New Well		Change i									
Recompletion	Oil		Dry G			EFFECTI	VE - No	vember 1	1993		
Change in Operator	Casinghea	d Cas	Conde	asste 📗	···					•	
If change of operator give name and address of previous operator											
• •									····		
II. DESCRIPTION OF WELL Lease Name	AND LE		15			~~·		•	· · · · · · · · · · · · · · · · · · ·		
	Well No. Pool Name, Including				- la			of Lease No. Federal or Rea.		.eese No.	
L.R. Chamberlain	5 Denton Wolfcamp							F	E		
Unit Letter B		330		_ 、	1		•		_		
Unit Letter B	- :	330	_ Feet Pr	rom The	North La	e andL	980 <u> </u>	et From The	<u> East</u>	Line	
Section 14 Townshi	p 15S		Range	37E	r M	мрм,				•	
					<u> </u>	MITINI		Lea.		County	
III. DESIGNATION OF TRAN	SHORFE	BOE O	ILAN	D NATU	RAL GAS	TRANCP	ORTER CO	NF _ FE	C		
					Address (Gin	e address to w	hich approved	copy of this	orm is to be a	eni)	
EOTT 011 Pipeline	P.O. Box 4666, Houston, Texas 77210-4666										
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Giv	e address to w	hich approved	copy of this	form is to be a	ent)	
Tipperary Resource	vis	P.O. Box 3179, Midland, Texas 79702					•				
If well produces oil or liquids, Unit Sec. Twp.				Rga		is gas actually connected? When					
			<u> </u>		Yes		<u>l Ur</u>	known			
f this production is commingled with that	from any oth	er lease or	pool, giv	re commingl	ing order numi	ber:					
V. COMPLETION DATA						·····					
Designate Type of Completion	· 00	Oil Well	10	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l Resdy to	Pervi		Total Depth	L	<u> </u>	1222	L		
	Comp	a. Abelly a	77100		rom Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducine Fo	omation		Top Oil/Gas	Pay		Tubing Dep			
					•	•		1 doing Dep	LG		
Perforations								Depth Casing Shoe			
									•		
	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	 										
		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	 							ļ			
. TEST DATA AND REQUES	T FOD A	LLOW	ARIE		·- · · · · · · · · · · · · · · · · · ·		 				
OIL WELL (Test must be after re				il and must	he equal to on	aread top all	ovabla for thi	adandh an ha i	Com Bell 24 Lass	1	
Date First New Oil Run To Tank	Date of Tes		9 1000 0	W 19762 773431		thod (Flow, pr			OF JULE 24 NOU	78.)	
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gu- MCF				
GAS WELL					si .						
Actual Prod. Test - MCF/D	Length of T	csi	· · · · · · · · · · · · · · · · · · ·		Bbls. Conden	inte/MMCF		Gravity of C	ondensate		
					`						
esting Method (pitot, back pr.)	Tubing Pres	seure (Shut-	·in)		Casing Pressu	re (Shut-in)		Choke Size			
								l			
I. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE				*			
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											
is true and complete to the best of my knowledge and belief.					Date Approved						
Sh. 1011.1					II ' '						
Shoron K. Ninama					ORIGINAL SIGNED BY JERRY SEXTON						
Signature Channel V. III.					By DISTRICT I SUPERVISOR						
Prioted Name Sharon K. Hindman	P	roduct	ion Tiu	Asst .	:mgm+.1						
	(915) 6	86-350)5		Title						
Date			phone No).							

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.

EOTT Energy Pipeling Ca Effective A.1 Sa