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

State of New Mexico inergy, Minerals and Natural Resources Department

DISTRICT B P.O. Drawer DD, Arlesia, 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 TO TRANSPORT OIL AND NATURAL GAS

| Operator | | | | | | | Well | API No. | | | | |
|---|---|--|------------|-------------|-------------------------------|---------------------------------------|--|--|---------------------------------------|---------------------------------------|--|--|
| Pennzoil Petrole | um Comp | any | | | | | 30- | -025-053 | 312 | | | |
| Address | | | | | | | | | | | | |
| P.O. Box 50090, | Midland | l, Texa | as 79 | 710-00 | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Reason(s) for Filing (Check proper box) New Wall | | | _ | _ | Oth | es (Please expl | ain) | | | | | |
| | | | n Transpor | _ | | | | | | | | |
| Recompletion | Oil IX Dry Gas | | | | | | | | | | | |
| If change of operator give name | Clanghe | M CM L | Conden | nate | | | | | | | | |
| and address of previous operator | | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | ANDIE | ACE | | | | | | | | | | |
| Lease Name | Well No. Pool Name, Includin | | | | ne Formation Y | | | nd of Lease Lease No. | | | | |
| L.R. Chamberlain | 2 Denton Wo | | | | | | State, Federal or Fee | | | | | |
| Location | | ↓ | 1 Den | COIL MC | II Camb | | | FEE | | | | |
| Unit LetterC | | 660 | East Em | - The | North Lin | 19 | 80 - | | Moot | | | |
| • | | | _ rea mo | m 106 | 1101 011 111 | 100 | <u> </u> | bel From The | West | Line | | |
| Section 14 Townshi | P | 15S | Range | 37 | Έ, Ν | MPM, | | Lea. | | County | | |
| | | | | | | | | | | - County | | |
| III. DESIGNATION OF TRAN | SPORTE | R OF O | IL ANI | NATU | RAL GAS | TRANSPO | ORTER CO | DE - EE | С | | | |
| • | Name of Authorized Transporter of Oil or Condensate | | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| EOTT Oil Pipeline Company Cry 1994 Corp P.O. Box 4666, Houston, Texas 77210- | | | | | | | | -4666 | | | | |
| Name of Authorized Transporter of Casinghead Gas | | | | | | | e address to which approved copy of this form is to be sent) | | | | | |
| Tipperary Resource | • | $\mathbf{p} \cdot \mathbf{y} \cdot \mathbf{z}$ | | 10 | P.O. F | 3179. | Midlar | nd, Texa | s 79702 | <u> </u> | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp | Rge | e. Is gas actually connected? | | When | When ? | | | | |
| | | L | <u> </u> | L | Yes. | | | Unkno | wn | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any oth | er lease or | pool, give | commingi | ing order numb | xer | | · · · · · · · · · · · · · · · · · · · | | | | |
| COMBESTION DATA | | Oil Well | | as Well | New Well | Workover | <u> </u> | Y = - | | | | |
| Designate Type of Completion | - (X) | IOII WELL | | TR AACH | I LIEM MOTI | MOLKOVET | Doepea | Plug Back | Same Res'v | Diff Res'v | | |
| Date Spudded | Date Com | pl. Ready to | Prod. | | Total Depth | | l | P.B.T.D. | L | | | |
| | | | | | | | | 1.5.1.5. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| | | | | | | | | | | | | |
| Perforations | | | | | | | | Depth Casin | g Shoe | | | |
| | | | | | | | | <u> </u> | • | | | |
| | TUBING, CASING AND | | | | CEMENTING RECORD | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | | |
| | ļ | | | | | | | <u> </u> | | | | |
| | | | | | | | | ļ | | | | |
| V. TEST DATA AND REQUES | TFORA | HOW | ARIF | | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | J | | |
| — | | | | l and must | he equal to as | erosed ton ella | unabla for thi | a dansk an ka s | | -1 | | |
| Date First New Oil Run To Tank | be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | | | |
| | Date of Test | | | | | •• | 718-1911 | | | | | |
| Length of Test | Test Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | | |
| 8.1 × 2 | | | | | | | | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | | |
| | | | | | | | | | | | | |
| GAS WELL | - | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Actual Prod. Test - MCF/D Length of Test | | | | | Bbls. Condens | ate/MMCF | | Gravity of Condensate | | | | |
| | | | | | | | | | | | | |
| esting Method (pitot, back pr.) Tubing Pressure (Shut-i | | | -in) | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| | | | | | | | | | | | | |
| VI. OPERATOR CERTIFIC | ATF OF | COMP | ITANO | Έ. | | · · · · · · · · · · · · · · · · · · · | | ــــــــــــــــــــــــــــــــــــــ | | | | |
| 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 | | | | | | | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | Date Approved NOV 1 m 4000 | | | | | | | |
| $SP = \mu C \times I \cdot I$ | | | | | | Date Approved NOV 1 7 1993 | | | | | | |
| Maron K Vindman | | | | | | | | | | | | |
| Signature | | | | | By DISTRICT I SUPERVISOR | | | | | | | |
| Sharon K. Hindman - Production Acet. | | | | | | | | | | | | |
| 11/8/93 (915) 686-3505 | | | | | Title_ | · | | | | | | |
| Date | _ / 000 | | phone No. | | | | | | | | | |
| | | | | | 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.