

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | | | |
|------------------|-----|--|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

I. Operator
Pennzoil Company
Address
P. O. Drawer 1828 - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)
Change of operating name
If change of ownership give name and address of previous owner
Pennzoil United, Inc. - P. O. Drawer 1828 - Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|---------------------|
| Lease Name State "16" | Well No. 1 | Pool Name, Including Formation Lovington Penn Northeast | Kind of Lease State, Federal or Fee State | Lease No. K-6806 |
| Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 16 Township 16-S Range 37-E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|--|--|------------------|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas 79701 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, Oklahoma 74004 | | | |
| If well produces oil or liquids, give location of tanks. Unit M Sec. 16 Twp. 16-S Rge. 37-E | Is gas actually connected? Yes | | When 10-13-69 | |

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 | Plug Back | 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 | | | |
| Perforations | | | | | 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 Tanks | 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 (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ray S. Johnson
(Signature)
Office Manager
(Title)
July 14, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 19 1972, 19_____
BY Joe D. Ramey
TITLE Dist. I, Supv.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

| | | |
|-------------------|-----|--|
| DISTRIBUTION | | |
| STATE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

I. Operator
Pennzoil United, Inc.
Address
P. O. Drawer 1823 - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|---------------------|
| Lease Name State "16" | Well No. 1 | Pool Name, including Formation Lovington Penn Northeast | Kind of Lease State, Federal or Fee State | Lease No. K-6806 |
| Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 16 Township 16-S Range 37-E, NMFM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|--------------|--------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 - Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) Phillips Bldg. - Bartlesville, Okla. 74004 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 16 | Twp. 16-S | Rge. 37-E | Is gas actually connected? Yes | When 10-13-69 |

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 | Plug Back | Same Res'ty. | Diff. Res'ty. |
| 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 | | | |
| Perforations | | | | | 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)

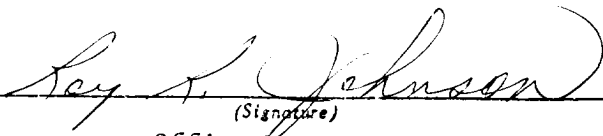
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Office Manager
(Title)
October 14, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 18 1971, 19
BY Joe D. Ramey
Orig. Signed by
Dist. I, Supv.
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

I.

| | |
|--|---|
| Operator Pennzoil United, Inc. | |
| Address P. O. Drawer 1828 - Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|----------------------------|
| Lease Name State "16" | Well No. 1 | Pool Name, including Formation Northeast Lovington Penn | Kind of Lease State, Federal or Fee State | Lease No. K-6806 |
| Location | | | | |
| Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West | | | | |
| Line of Section 16 Township 16-S Range 37-E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-------------------|-------------------|-------------------|--|-------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Texas-New Mexico Pipe Line Company | P. O. Box 1510 - Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Skelly Oil - Natural Gasolining Plants Division | P. O. Box 1650 - Tulsa, Oklahoma 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 16 | Twp. 16 | Rge. 37 | Is gas actually connected? Yes | When 10-13-69 |

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 | Plug Back | 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 | | | | |
| Perforations | | | 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 Tanks | 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

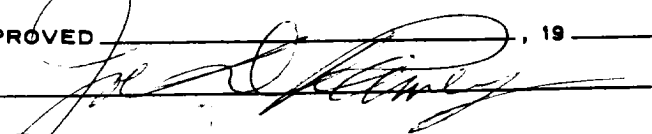
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Manager of Production
(Title)
October 28, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REVISED

| | |
|---|---|
| Operator Pennzoil United, Inc. | |
| Address P. O. Drawer 1828 - Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|---|---------------|---|--|----------------|---------------------|
| Lease Name State "16" | Well No. 1 | Pool Name, including Formation East Lovington Penn | Kind of Lease State, Federal or Fee | State State | Lease No. K 6806 |
| Location Unit Letter "H" ; 660 Feet From The South Line and 660 Feet From The West | | | | | |
| Line of Section 16 Township 16-S Range 37-E, NMPM, Lea County | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|--------------|--------------|----------------------------------|--------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| The Permian Corporation | P. O. Box 3119 - Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Skelly Oil - Natural Gasoline Plants Division | P. O. Box 1650 - Tulsa, Oklahoma 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 11 | Sec. 16 | Twp. 16-S | Rge. 37-E | Is gas actually connected? No | When Soon as possible |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 4-2-69 | Date Compl. Ready to Prod. 5-22-69 | | Total Depth 11,630' | | P.B.T.D. 11,648' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3821 RKB | Name of Producing Formation Strawn | | Top Oil/Gas Pay 11,446' | | Tubing Depth 11,478' | | | |
| Perforations One hole 3 following depths: 11,452,456,458,460,462,464,469,471' | | | | | Depth Casing Shoe 11,680' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13 3/8" | | 348 | | 350 | | | |
| 11 " | 8 5/8" | | 4,355 | | 500 | | | |
| 7 7/8" | 5 1/2" | | 11,630 | | 400 | | | |

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 Tanks 5-22-69 | Date of Test 5-23-69 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 16 hours | Tubing Pressure 1100# | Casing Pressure Packer | Choke Size 17/64" |
| Actual Prod. During Test | Oil-Bbls. 408 | Water-Bbls. None | Gas-MCF 329 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Drilling Superintendent

(Title)

June 3, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY 

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|---|-------------------------------------|--|--------------------------|
| Operator | | Pennzoil United, Inc. | |
| Address | | P. O. Drawer 1828 - Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|-----------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| State "16" | 1 | Undesignated | State, Federal or Fee | K 6806 |
| Location | | | | |
| Unit Letter | M | 660 | Feet From The | South |
| Line of Section | 16 | Township | 16-S | Range |
| | | | 37-E | NMFM, |
| | | | Lea | County |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|--|
| Name of Authorized Transporter of Oil | <input checked="" type="checkbox"/> or Condensate | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipe Line Company | | P. O. Box 1510 - Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas | <input checked="" type="checkbox"/> or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| Skelly Oil - Natural Gasoline Plants Division | | P. O. Box 1650 - Tulsa, Oklahoma 74102 |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | M | 16 |
| | 16-S | 37-E |
| | | Is gas actually connected? |
| | | No |
| | | When |
| | | Soon as possible |

If this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|--|-----------------|-------------------|--------------|--------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| X | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | |
| 4-2-69 | 5-22-69 | 11,680' | | 11,648' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | |
| 3821 RKB | Strawn | 11,446' | | 11,478' | | | | |
| Perforations | One hole @ following depths: 11,452, 456, 458, 460, 462, 464, 469, 471 | | Depth Casing Shoe | | | | | |
| | | | | 11,680' | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13 3/8" | | 348 | | 350 | | | |
| 11 " | 8 5/8" | | 4,355 | | 500 | | | |
| 7 7/8" | 5 1/2" | | 11,680 | | 400 | | | |

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 Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 5-22-69 | 5-23-69 | Flowing | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 16 hours | 1,100# | Packer | 17/64" |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 408 | None | 329 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Manager of Drilling & Production

May 27, 1969

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT

Field Name _____ County Lea Co., New Mexico RRC Dist. No. _____
Operator Pennzoil United Inc. Address _____ City Midland
Lease Name & No. State 16 Well No. 1 Survey _____

RECORD OF INCLINATION

| Depth (feet) | Angle of | Displacement (feet) | Accumulative |
|--------------|-----------------------|---------------------|---------------------|
| | Inclination (degrees) | | Displacement (feet) |
| 340 | 1/4 | 10670 | 1-1/4 |
| 920 | 1/2 | 10890 | 3/4 |
| 1470 | 1/4 | 11265 | 1 |
| 1940 | 1/2 | 11480 | 2-3/4 |
| 2000 | 3/4 | 11680 | 2 |
| 2230 | 1/4 | | |
| 2800 | 1-1/2 | | |
| 3240 | 1 | | |
| 3600 | 1-1/4 | | |
| 3890 | 1/4 | | |
| 4290 | 3/4 | | |
| 5020 | zero | | |
| 5750 | 1/4 | | |
| 6740 | 1/2 | | |
| 7510 | zero | | |
| 8010 | 1/4 | | |
| 8460 | 1/4 | | |
| 8816 | 1/2 | | |
| 9140 | 1 | | |
| 9651 | 3/4 | | |
| 10325 | 1 | | |

Total Displacement

Was survey run in Tubing _____ Casing _____ Open Hole x
Distance to nearest lease line _____ feet
Distance to lease lines as prescribed by field rules _____ feet

Certification of personal knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Thomas C. Brown
Signature

TOM BROWN DRILLING COMPANY, INC.
Company

Operator Affidavit:

(Note: Party making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

Before me, the undersigned authority, on this day, personally appeared Thomas C. Brown, known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is the operator of the well identified in this instrument (that he is acting at the direction and on behalf of the operator of the well identified in this instrument), and that such well was not intentionally deviated from the vertical whatsoever. (and that such well was deviated at random for the reason described in the attached statement)

II. INCLINATION SURVEYS

A. Requirement of

1. An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when as a result of any operation the course of the well is changed.

a. The first shot point of such inclination survey shall be made at a depth not greater than 500 feet below the surface of the ground and succeeding shot points shall be made either at 500 foot intervals or at the nearest drill bit change thereto; but not to exceed 1000 feet apart.

2. Inclination surveys conforming to these requirements may be made either during the normal course of drilling or after the well has reached total depth. Acceptable directional surveys may be filed in lieu of inclination surveys.

3. Copies of all directional or inclination surveys, regardless of the reason for which they are run, shall be filed as a part of or in addition to the inclination surveys otherwise required by this rule.

B. Reports

1. The report form prescribed by the Commission shall require that it be signed and certified by a party having personal knowledge of the facts therein contained.

a. The report shall include a tabulation of the maximum drifts which could occur between the surface and the first shot point and each two successive shot points, assuming that all of the unsurveyed hole between any two shot points has the same inclination as that measured at the lowest shot point, and the total possible accumulative drift, assuming that all measured angles of inclination are in the same direction.

2. In addition, the report shall be accompanied by a sworn statement of the operator, or of someone acting at his direction on his behalf either, (1) that the well was not intentionally deviated from vertical whatsoever or, (2) that the well was deviated at random, with an explanation of the circumstances.

3. The report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion form for the well.

4. The Commission may require the submittal of the original charts, graphs, or discs resulting from the surveys.