

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
American Cometra, Inc.

Address
500 Throckmorton, Suite 2500 Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☒ Oil
☒ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Pennzoil</u>	Well No. <u>1</u>	Pool Name, including Formation <u>NE Lovington (Penn)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>OG-4765</u>
Location Unit Letter <u>G</u> , <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>16-S</u> Range <u>37-E</u> , 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"/> <u>Scurlock Permian Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3340 Midland, Texas 79701-9492</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>J.L. Davis</u>	Address (Give address to which approved copy of this form is to be sent) <u>211 North Colorado Midland, Texas 79701</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>18</u>	Twp. <u>16-S</u>	Rge. <u>37-E</u>
Is gas actually connected?			When	
<u>Yes</u>			<u>5/91</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Shirley L. Hale
(Signature)

Production Analyst

(Title)

September 27, 1991

(Date)

OIL CONSERVATION DIVISION

APPROVED: _____, 19____

Orig. Signed by

BY Paul Kantz

Geologist

TITLE _____

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

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

All sections of this form must be filled out completely for allow able 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 conditior

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 (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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

REC'D
OCT 01 1991
HOLLYWOOD

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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I.

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American Cometra, Inc.

Address
500 Throckmorton, Suite 2104 Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

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and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pennzoil	Well No. 1	Pool Name, including Formation NE Lovington (Penn)	Kind of Lease State, Federal or Fee State	Lease No. OG-4765
Location				
Unit Letter <u>G</u> , <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>16-S</u> Range <u>37-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>T N M</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Sunterra Gas Gathering Company</u>	<u>P.O. Box 26400 Albuquerque, N.M.</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>G</u> <u>18</u> <u>16-S</u> <u>37-E</u>	<u>Yes</u> <u>5-9-80</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Step L. D. Miller
(Signature)
Production Analyst
(Title)
5-20-87
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 28 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE

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

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