DISTRIBUTION			1
SANTA FE			1
FILE			1
U.\$.G.\$.			1
LAND OFFICE			Ì
TRANSPORTER	OIL		1
	GAS		1
OPERATOR			1
PRORATION OFFICE			
Operator			 _
Wainoco Oil	& Ga	s_C	a

	SANTA FE	REQUES	T FOR ALLOWABLE	MISSION .	Form C-104 Supersedes ()ld C-104 and C-1.
	U.S.G.S.	_	AND		Effective 1-1	-65
	LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND	NATURAL (GAS	•
	OIL					
	TRANSPORTER GAS	-				
	OPERATOR					
1.	PRORATION OFFICE	7				
	Operator					
	Wainoco Oil & Gas Con	mpany				<u> </u>
	1200 Smith, Suite 150	O Houston Texas 7700	2-4367			
	Reason(s) for filing (Check proper be	ox)	2-436 / Other (Pleas	se explain)		
	New Well	Change in Transporter of:	_ mo ind	•		_
	Recompletion	Oil Dry C		icate conr peline.	mection date	of
	Change in Ownership	Casinghead Gas Cond	ensate gas pi	ernie.		
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease		Lease No.
	Aztec State Com	3 Lovington, 1	NE-Penn	State, Federal	or Fee State	OG-4765
	Location					
	Unit Letter M ; 6	60 Feet From The South Li	ine and660	Feet From T	he West	
i	Line of Section 18 To	ownship 16S Range	37E , NMPN	7.00		
1	Eme of Section 20	ownship 105 Range	3/E , NMPN	ı, Lea		County
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS			
	Name of Authorized Transporter of O	11 X or Condensate		to which approv	ed copy of this form is	to be sent)
	Texas-New Mexico Pipe	Line Company	P. O. Box 2528	Hobbs,	New Mexico 88	3240
	Name of Authorized Transporter of Co		Address (Give address	to which approv	ed copy of this form is	to be sent)
	Warren Petroleum Comp		P. O. Box 1589			02
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. M 18 16S 37E	Is gas actually connect			
		1 22 1 200 , 372	Yes		- 22-82	
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling orde	r number:	····	
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'v.
	Designate Type of Completi	X		:		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u> </u>
}	11-17-81	2-8-82	11,375'		11,360'	·
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
-	3844 GL, 3857 KB	Pennsylvanian	11,187'		11,013 Depth Casing Shoe	
	11.187-11.338'				11,374'	
		TUBING, CASING, AN	D CEMENTING RECOR	.D	11,3/4	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SI	ET	SACKS CEN	IENT
L	17-1/2"	13-3/8"	442	1	450 sx.	
-	12-1/4"	8-5/8"	4103		1700_sx	
-	<u>7–7/8"</u>	5-1/2"	11374		400 sx.	
3 7 .	PECT DATA AND DECUEST S	2-7/8"	11013		None	
	FEST DATA AND REQUEST F OIL WELL		ifter recovery of total volu epth or be for full 24 hours	me of load oil ar)	nd must be equal to or e	xceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	, pump, gas lift,	etc.)	
						İ
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
-	·	100 854	<u> </u>			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	!	Gge - MCF	
1_			<u> </u>			
(GAS WELL					
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCI	7	Gravity of Condensate	
L						
- 1	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size	
L						
VI. (CERTIFICATE OF COMPLIAN	CE	OIL	ONSERVAT	ION COMMISSION	4
	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.		APPROVED SI	EP 17 19	182	
			By Edder W de			
•						
			TITLE OIL	& GAS I	MSPECTOR	
					- 1	
	Par Budro		f 3		mpliance with RULE	
_	(Signa	ature)	well, this form must	be accompani-	ole for a newly drille ed by a tabulation of	the deviation
	Regulatory Supervisor				ince with RULE 111.	
_	(Tii	ile)	All sections of able on new and rec	unts form must completed well	be filled out complete.	rath tot strom-
_	9-14-82		19	_	III, and VI for chan	ges of owner,

NO. OF COPIES RECEIVED		
DISTRIBUTIO	N	
SAMTATE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
INANSFORTER	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

	FILE U.S.G.S.	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL O	Form C-104 Supercodes told C-les and control Educative legible	
1	LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE				
	Operator				
	Pennzoil Co	ompany			
	Address P. O. Drawe	er 1828 - Midland, Texas	79702-1828		
}	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:		tor from Wainoco Oil &	
	Recompletion	Oil Dry Gas	== 1	ective 7-1-83 to	
	Change in Ownership	Casinghead Gas Condens	dte Pennzoil Compan	у•	
I	f change of ownership give name and address of previous owner				
u. j	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Leas	e Lease No.	
j	Lease Name	3 Lovington, N.E.	- Ctata Fadara	ni or Fee State OG-4765	
	Aztec State Com.	3 120 / 11.19 (01.17) 11.12			
	Unit Letter M ; 66	O Feet From The South Line	and 660 Feet From	The West	
	om zette.	 		T CO County	
Į	Line of Section 18 Tow	mship 16S Range	37E , NMPM,	Lea County	
**	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	s		
11.	Name of Authorized Transporter of Oil	or Condensate	Address (Give dauress to which appro		
į	Texas New Mexico Pipe	Line Company	P.O. Box 2528 - Hobbs, Address (Give address to which appro	New Mexico 88240	
	Name of Authorized Transporter of Cas	1			
	Warren Petroleum Corpo	ration Twp. Fge.	P.O. Box 1589 - Tulsa, Is gas actually connected?	nen	
	If well produces oil or liquids, give location of tanks.	M 18 16S 37E	Yes	6-22-82	
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion		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.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011/045 1 4/	,	
	Perforations-	1		Depth Casing Shoe	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	pth or be for full 24 hours)	ll and must be equal to or exceed top allow	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	0.1020 5.20	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bots. Condensate/MMCF	S. C. I. Solidania	
	The Man Mash of Initial head no 1	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	· manid · · · · · · · · · · · · · · · · · · ·			
VI	. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION	
	•		APPROVED AUG 1	1983	
		regulations of the Oil Conservation with and that the information given		LY IEDBY CRYTAN	
	above is true and complete to the	me best of my knowledge and belief.	1 0 1		
			DISTRICT I SUPERVISOR		

ove is true and complete to the best of my
Lou Dohnson
oy R. Johnson (Signature)
Production Accountant
(Title)
July 29, 1983
(Date)

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

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 Cally must be filed for each root is multiply.

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