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	FILE		
	U.S.G.S. LAND OFFICE		
	TRANSPORTER	OIL	
	I KANSI OKI EK	GAS	
	OPERATOR		
١. ٔ	PRORATION OFFICE		
	Operator		

Roy R. Johnson

Production Accountant

May 15,

(Title)

1985 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR			·	
PRORATION OFFICE				
Operator				
PENNZOIL COMPANY	7			
Address				
	· · · · · · · · · · · · · · · · · · ·	02-1828		
Reason(s) for filing (Check proper box)		Other (Please explain)	5 Chata #36# #3 ha	
New We!!	Change in Transporter of: Oil Dry Gas		from State "16" #1 to	
Change in Ownership XX 5/06/85		NEWMONT-STA	TE - #1	
The state of the s				
If change of ownership give name and address of previous owner	NEWMONT OIL COMPANY - P	. O. BOX 1189 - SNYDER,	TEXAS 79549	
I. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Lease Name / (; NEWMONT-STATE - 27-	1 Southeast Dente		or Fee State LG 1485	
Location	1 Southeast Benta	on remi:	Beace Bg 1405	
K 1980	Feet From The South Line	e and 1980 Feet From .	West	
Unit Letter;	reet From TheLine	e drid r eet r to		
Line of Section 16 Tow	mship 15 S Range	37 E , NMPM,	Lea County	
I. DESIGNATION OF TRANSPORT		S Address (Give address to which appro-	and come of this form is to be sent	
Name of Authorized Transporter of Oil			Į.	
The Permian Corporation Name of Authorized Transporter of Cas.		P.O. Drawer 1183 - Hous Address (Give address to which appro-		
None	mgsaa cab kx			
	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en	
If well produces oil or liquids, give location of tanks.	к 16 15 37	No	Unknown	
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA				
Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	Date Compi. Ready to Frod.	rotat Beptil		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth •	
Perforations			Depth Casing Shoe	
		DEBTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	3ACKS CEMENT	
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft. etc.)	
Date First New Oil Run To Tanks	Date of Test	Producting Montage (1 top) bench Bee a	,,,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
26.13 0. 100				
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
-				
GAS WELL	It could be made	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Para Columbia de Minica		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Table of the same of the same but the same but the same of the sam				
VI CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE		ATION COMMISSION	
I. OBRITICATE OF COMPLIAN			MAV 1 7 1095	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED, 13		
Commission have been complied to	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		TITLE Oil & Gas Inspector 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	
above is true and complete to the				
4 .				
May 1.				
Roy R. Johnson	ature)	well, this form must be accompliant tests taken on the well in accompliant.	rdance with RULE 111.	

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.

MAY 1.6 1985 HOPE -