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

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

CASINGHEAD GAS MUST NOT BE
FILED AFTER 4/1/84
UNLESS AN EXCEPTION TO ~~THIS~~
IS OBTAINED

Operator	PENNZOIL COMPANY		
Address	P. O. DRAWER 1828 - MIDLAND, TEXAS 79702=1828		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Change of Operator from AMERIND OIL CO., effective 1-21-84 to Pennzoil Company.	
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 <input type="checkbox"/>	

If change of ownership give name and address of previous owner Amerind Oil Company - 500 Wilco Bldg., Midland, Texas 79701

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State -21-	2	Lovington Penn, Northeast	State, Federal or Fee State	E-9118
Location				
Unit Letter	E	1980 Feet From The	North Line and	660' Feet From The
Line of Section		21 Township	16 S Range	37 E , NMPM, Lea County

II. 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 1183 - Houston, Texas 77001					
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)					
None as of yet.						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	21	16 S	37 E	No	Soon

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.
XX	XX							
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
11-8-83	1-16-84	11,650		11,604				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3803' GR.	Lower Strawn	11,347		11,395				
Perforations					Depth Casing Shoe			
11,347 to 11,461 - 20 holes total				11,649				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	409		370				
11"	8-5/8"	4,220		1900				
7-7/8"	5-1/2"	11,649		300				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-16-84	02/02/84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	- -	- -	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
27 Oil	27	5 Load	64.37

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.

Roy R. Johnson
Roy R. Johnson (Signature)
Production Accountant
(Title)

February 6, 1984
(Date)

OIL CONSERVATION COMMISSION

FEB 10 1984

APPROVED _____, 19 _____

BY Eddie W. Seay

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 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

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FEB 7 1984

G.C.O.
RECORDS OFFICE