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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

I. Operator  
PENNZOIL COMPANY  
Address  
P. O. DRAWER 1828 - MIDLAND, TEXAS 79702-1828  
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) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-86 UNLESS AN EXCEPTION TO RULE 1104 IS OBTAINED.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name STATE -17- Well No. 2 Pool Name, Including Formation **Permian** Kind of Lease State, Federal or Fee State Lease No. K-5187  
Location  
Unit Letter L ; 1400 Feet From The South Line and 660 Feet From The West  
Line of Section 17 Township 16-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation **Permian (Eff. 9 / 1 / 87)** Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 - Midland, Texas 79702-3119  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Unknown at this time Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit L Sec. 17 Twp. 16 Rge. 37 Is gas actually connected? No When Soon

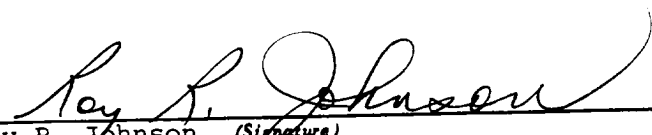
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well X Gas Well New Well X Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded 1-10-86 Date Compl. Ready to Prod. 2-24-86 Total Depth 11,625 P.B.T.D. 11,556  
Elevations (DF, RKB, RT, GR, etc.) 3862 RKB Name of Producing Formation Strawn Top Oil/Gas Pay 11,359 Tubing Depth 11,266  
Perforations 11,359' tp 11,414' (35 Holes) Depth Casing Shoe 11,613  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
17-1/2 13-3/8 425 420  
11 8-5/8 4,193 1370  
7-7/8 5-1/2 11,613 900  
5-1/2 2-7/8 11,266

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 2-24-86	Date of Test 2-26-86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 200	Casing Pressure PKR	Choke Size 36/64
Actual Prod. During Test 429 BBLs. Fluid	Oil - Bbls. 386	Water - Bbls. 43	Gas - MCF 700

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 (Signature)  
Production Accountant  
(Title)  
3-07-86  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **MAR 10 1986**, 19  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
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.

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AND  
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Form C-104  
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Effective 1-1-65

I. Operator  
PENNZOIL COMPANY

Address  
P. O. DRAWER 1828 - MIDLAND, TEXAS 79702-1828

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).  
Need Febuary 1986 Testing Allowable for approximately 2000 bbls. oil.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE API # 30-025-29566

Lease Name STATE -17-	Well No. 2	Pool Name, Including Formation Lovington, NE (Strawn)	Kind of Lease State, Federal or Fee State	Lease No. K-5187
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Location  
Unit Letter L ; 660 Feet From The West Line and 1400 Feet From The South  
Line of Section 17 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 - Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown at this time	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit L	Sec. 17	Twp. 16	Rge. 37	Is gas actually connected? No	When Soon
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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.
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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.

Roy R. Johnson  
Production Accountant  
(Title)  
February 24, 1986  
(Date)

OIL CONSERVATION COMMISSION  
FEB 26 1986

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

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