ſ	NO. OF COPIES RECE	IVED	
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	SANTA FE		
	FILE		
	U.S.G.S.		
	LAND OFFICE		
I.	TRANSPORTER	OIL	
	TRANSFORTER	GAS	
	OPERATOR		
	PRORATION OFFICE		

}	SANTA FE	-	1	DNSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
ŀ	FILE	+	KEWUESI F	FOR ALLOWABLE AND	Effective 1-1-65
	U.S.G.S.	+-	AUTHORIZATION TO TRAN	AND NSPORT OIL AND NATURAL GA	c
}	LAND OFFICE	┼	AUTHORIZATION TO TRAI	ASPORT OIL AND NATURAL GA	
ŀ	OIL	+			
	TRANSPORTER GAS	╁	1		
ŀ	OPERATOR	╁	-		
ŀ	PROPATION OFFICE	┼	-		
1.	Operator	1	<u> </u>		
1	PENNZOIL COM	PANY	•		
	Address				
	P. O. DRAWER	1.9	328 - MIDLAND, TEXAS 797	02-1828	
1	Reason(s) for filing (Check prope				GAR MUST NOS RE
- 1	New Well	1 002)	Change in Transporter of:	LA CLU TORUM	5-1-86
			Oil Dry Gas	757 AUG 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ACEPTAON TO R-1070
	Recompletion		Casinghead Gas Condens		ACILL MADE AND
	Change in Ownership		Cds.iidiiedd Gds Cdgciii	III CARAGORIA	
	If change of ownership give na	me	THE PERSON WAS IN STAN HUSCOLD	die teer water	
	and address of previous owner		and the second of the second o	2 7341 ACAPUR	
			ROTEL THE DESC. P	8714 51-86	
П.	DESCRIPTION OF WELL A	ND	Well No. Pool Name, Including Fo	0 2 1 1 2 2	Lease No.
				- ア・モッケッシン	or Fee State K-5187
	STATE -17-		2 NE Lovington,	N.E. (Strawn)	
	Location	٠,	100 South	660 Fact From Th	West
	Unit Letter L ;;		100 Feet From The South Line	e and Feet From Th	ne mese
			16.5	27	Lea County
	Line of Section 17	Tov	wnship 16-S Range	37-Е , ммрм,	Lea County
				_	
III.	DESIGNATION OF TRANS	POR'	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent!
	Name of Authorized Transporter	ot O11	or Condensate		1
	The Permian Cor	pora	ation Permian (Eff. 9 / 1 /87)	P.O. Box 3119 - Midland Address (Give address to which approve	, Texas /9/02-3119
	Į.		singhead Gas X or Dry Gas	Address (Give daaress to which approve	to to be sensy
	Unknown at this	tìn		Is gas actually connected? When	
	If well produces oil or liquids,		Unit Sec. Twp. Rge.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	give location of tanks.		L 17 16 37	No	Soon
	If this production is commingle	ed wi	th that from any other lease or pool, (give commingling order number:	
IV.	COMPLETION DATA				Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Com	انعمام		New Well Workover Deepen	Plug Back Same Res V. Dill. Res V.
	Designate Type of Com	pietro		<u> </u>	
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	1-10-86		2-24-86	11,625	11,556
	Elevations (DF, RKB, RT, GR,	tc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 11,266
	3862 RKB		Strawn	11,359	
	Perforations				Depth Casing Shoe
	11,359' tp 11,4	14'			11,613
				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 REQUE	ST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-
•	OIL WELL		able jor this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas life	
	Date First New Oil Run To Tan	k s	Date of Test	· ·	,
	2-24-86		2-26-86	Flow Casing Pressure	Choke Size
	Length of Test		Tubing Pressure		36/64
	24 Hours		200	PKR Water-Bbls.	Gas-MCF
	Actual Prod. During Test		Oil-Bbls.		700
	429 BBLS. F	'lui	d 386	43	700
	GAS WELL			This contract on CT	Gravity of Condensate
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
				Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Cosing Pressure (Snuc-In)	JJar 3124
				<u> </u>	
VI	. CERTIFICATE OF COMP	LIAN	ICE	OIL CONSERVA	TION COMMISSION
7.1	VI. CERTIFICATE OF COMEDMATOR		MAR 1 0	1986	
I hereby certify that the rules and regulations of the Oil Conservation			regulations of the Oil Conservation	APPROVED	
	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.		BY ORIGINAL SIGNED B	Y JERRY SEXTON	
			DISTRICT I SL	PERVISOR	
			i _	TITLE	
			==	compliance with RULE 1104.	
	K L		11/2 22/	This form is to be filed in C	able for a newly drilled or deepened
	/loy /).		mour -	I was a state from must be accompa-	vied by a fabiliation of the design.
	Roy R. Johnson	_	nature)	tests taken on the well in accor	dence with RULE 111.
	Production Accountant			All sections of this form mu	at be filled out completely for allow-

(Title)

(Date)

3-07-86

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.

MAR 1 1986 MARIENTON STREET

NO. OF COPIES RECE	LIVED	i	
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SANTA FE			<u> </u>
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
IRANSPORTER		<u> </u>	<u> </u>
OPERATOR			
PROBATION OF	FICE	1	

	SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	U.S.G.S.		AND SPORT OIL AND NATURAL GAS	3	
ł	LAND OFFICE	AUTHORIZATION TO TRAIN			
ļ	TRANSPORTER OIL				
	GAS				
1.	PRORATION OFFICE				
1.	Operator PENNZOIL COMPANY				
	Address				
	P. O. DRAWER 182	8 - MIDLAND, TEXAS 797	702-1828		
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain) Need Fedruary 198	66 Testing Allowable	
	New Well X Recompletion	Oil Dry Gas	for approximately		
	Change in Ownership	Casinghead Gas Condens	ate		
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND L	EASE API # 30-025-29 Well No. Pool Name, Including For		Lease No.	
	Lease Name STATE -17-	2 Lovington, NE	a a	State K-5187	
	Location			Courth	
	Unit Letter L; 660	Feet From TheWestLine	and 1400 Feet From Th	South	
	Line of Section 17 Town	ship 16-S Range	37-E , NMPM, I	Lea County	
	Line of Section				
Ш	Name of Authorized Transporter of Oil	er of OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
	The Permian Corporation	on	P.O. Box 3119 - Midland	, Texas 79702	
	Name of Authorized Transporter of Casi	nghead Gas Or Dry Gas	Address (Give address to which approve	a copy of this form is to be semi	
	Unknown at this time	Unit Sec. Twp. Age.	Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	L 17 16 37	No	Soon	
	If this production is commingled with	that from any other lease or pool,	give commingling order number:		
IV	. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion		Total Depth	P.B.T.D.	
•	Date Spudded	Date Compl. Ready to Prod.	Total Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS GEMENT	
		TATE OF A DE COMMENTE DE COMME	ifter recovery of total volume of load oil a	and must be equal to or exceed top allow-	
1	V. TEST DATA AND REQUEST FO	oble for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas life		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ges 1)	., 6,0,7	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of 144		Water - Bbls.	Ggs • MCF	
	Actual Prod. During Test	Oil-Bbls.	water - Dats.		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			OU CONSERVA	TIME OCOMMISSION	
1	. CERTIFICATE OF COMPLIANCE		FFBZ	THE GOMMISSION	
	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	, 19	
			BYSddie	BYSidie W. Seay	
	above is true and complete to		TITLE Oil & Go	is Inspector	
			This form is to be filed in	compliance with RULE 1104.	
	Tou S.	anson		his for a newly drilled or deepens	
	Roy R. Johnson	nature)	well, this form must be accompa	edance with RULE 111.	
	Product	Production Accountant		All sections of this form must be filled out completely for alloable on new and recompleted wells.	
(Title) February 24, 19		2006 THE PROPERTY OF THE PARTY		n tit and UT for changes of owner	
	(Date)		well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple		
	12	Pate)	Separate Forms C-104 mus	st be filed for each pool in multipl	

