ſ	NO. OF COPIES RECEIVED			
- [DISTRIBUTION			
1	SANTA FE			
Ì	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
١.	PRORATION OFFICE			
	Operator			

-	DISTRIBUTION SANTA FE FILE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
- - - -	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRAN		. GAS
1.	PROPATION OFFICE Operator PENNZOIL COMPANY Address			
		MIDLAND, TEXAS 79702-1	Other (Please explain)	COMPOTION
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condense	NOTICE OF GAS	CONNECTION
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND L Lease Name State -16-	Well No. Pool Name, Including For 3 Lovington, N		Lease Lease State K-6806-1
	Location $I = 1980$ Unit Letter $I = 1980$ Line of Section $I6 = 16$	Peet 110m 1mc	and 660 Feet Fr 37E , NMPM,	Lea Con ty
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Texas-New Mexico Pipe	Line Company	Address (Give undress to which of	oproved copy of this form is to be sent) S. New Mexico 88241 oproved copy of this form is to be sent)
	Name of Authorized Transporter of Case Phillips 66 Natural Ga	S	4001 Penbrook - Odess	sa, Texas 79765
	If well produces oil or liquids, give location of tanks.	I 16 16 37	Is gas actually connected? YES	March 7, 1987
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, g		Plug Back Same Resty, Diff, flosty,
	Designate Type of Completio		Total Depth	P.B.T.D.
	Date Spudded	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing 1 officers		Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CLIMETY
			/l of loss	d oil and must be equal to or exceed top allow-
V	. TEST DATA AND REQUEST FOR OIL WELL. Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, s	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	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
v	I. CERTIFICATE OF COMPLIANCE		ABBROVED	NED BY JERRY SOR
	I hereby certify that the rules and Commission have been complied above is true and complete to the	regulations of the Oil Conservation with and that the information given the best of my knowledge and belief.	TITLE	
	Pay S. Anson		This form is to be file If this is a request for	ed in compliance with RULE 1104. allowable for a newly drilled or despended by a tabulation of the deviation
	Roy R. Johnson (Signature) Production Accountant (Title) March 9, 1987		All sections of this for able on new and recompler Fill out only Section	orm must be filled out completely for allow- ted wells. I, II, III, and VI for changes of caner, insporter, or other such change of condition.
		Date)	Separate Forms C-10 completed wells.	4 must be filed for each pool in multiply

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TRANSPORTER	OIL	
TRANSFORTER	GAS	_
OPERATOR		
PRORATION OF	FICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Secondar Old C-104 and C-110

	SANTA FE		OR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	U.S.G.S.	•	SPORT OIL AND NATURAL GAS	5	
Į	LAND OFFICE				
l	TRANSPORTER GAS GAS				
Ţ	OPERATOR				
1.	Operator				
	Pennzoil Com	ıpany			
	Address	1828 - Midland, Texas 7	79702-1828		
1	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil XX Dry Gas Casinghead Gas Condensa	rte		
	Change in Ownership	Cashiquead das			
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	matten Kind of Lease	Lease No.	
	Lease Name	3 Lovington,		Fee State K-6806-1	
	State -16-			_	
	I 198	South Line	andFeet From Th	eEast	
	Unit Letter;	160	275	Lea County	
	Line of Section 16 Tow	mship 103 Range	3/E , NMPM,		
	PROTON ARION OF TRANSPORT	TER OF OIL AND NATURAL GAS			
HII.	Name of Authorized Transporter of Oil	XX of Condemants			
	Texas-New Mexico Pipe	Line Company	P.O. Box 2528 - Hobbs, N Address (Give address to which approve	d copy of this form is to be sent)	
	Name of Authorized Transporter of Case Phillips 66 Natural Go	udusaa one WV	4001 Penbrook - Odessa,		
			Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	I 16 16 37		on	
	If this production is commingled wi	th that from any other lease or pool, g	ive commingling order number:		
IV.	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	J			
	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	Top On/Gus Puy		
				Depth Casing Shoe	
	Perforations				
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
				i a la constant de la	
v	. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be af	nth or be for full 24 nours)	and must be equal to or exceed top allow-	
•	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)	
	Date First New Oil Run 10 14112			Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
			Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.			
			<u> </u>		
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or contained	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-12)			
_	THE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION	
V	I. CERTIFICATE OF COMPLIA			5 1987	
	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 MAR		
			BY ORIGINAL SIGNED	SUBSERVISOR	
	above is true and compete		DISTRICT I SUPERVISOR		
	1 1		The farm is to be filed in compliance with RULE 1104.		
	1 / X 1	Luxar /			
	Roy R Johnson (Si	gnature)	well, this form must be accomply	rdance with RULE 111.	
	Production A	ccountant	Att whom of this form my	rat pe tilled out combining to minow.	
	March 2,	Title) 1987	able on new and recompleted w	to for changes of owner,	
	rid COL Z.			the second of condition.	
			II II	(el) of other party	
		(Date)	II II	at be filed for each pool in multiply	

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Ĭ	LAND OFFICE			
	TRANSPORTER	OIL		
١	INANSFORTER	GAS		
Ì	OPERATOR			
Ì	PRORATION OF	ICE		<u> </u>

DISTRIBUTION		CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL GAS	•
LAND OFFICE			
TRANSPORTER			
GA	- - - 		
OPERATOR	 		
I. PRORATION OFFICE			
Operator	Campany		
Pennzol Address	Company		
	wer 1828 <u>Midland, Texas</u>	79702-1828	
Reason(s) for filing (Chec	wer 1828 Midland, Texas	Other (Please explain)	
New We!1	Change in Transporter of:		
Recompletion	Oil Dry	Gas	
Change in Ownership	Casinghead Gas Cond	densate	
Change in Contactory		CASINGHEA	D GAS MUST NOT BE
If change of ownership	ive name owner <u>THIS WELL HAS BEEN PLACED</u>	FLARED AF	ER 3-3-27
and address of previous	DESIGNATED BELOW. IF YOU DE		EXCEPTION TO R-1070
IL DESCRIPTION OF W	ON T. AND T THOSHEY THIS OFFICE.	8409 4-1-8 1 HD UD 3 344 3 64	Lease No.
Lease Name	well No. Pool traine, meraama	Serie Federal of	
State -16-	3 Lovington, N	IE (Penn)	Fee State K 6806-1
Location			East
Unit Letter I	; 1980 Feet From The South	line and 660 Feet From The	EdSt
Office Letter		,	County
Line of Section 1	Township 16S Range	37E , NMPM, Lea	County
II. DESIGNATION OF T	RANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved	copy of this form is to be sent)
Name of Authorized Tran	sporter of Oil X or Condensate	Box 20108 Shreveport, L	
Enron Trading	Inc.	Address (Give address to which approved	copy of this form is to be sent)
	portor or outside and	, nadiosa (in the control of the con	
None at this		Is gas actually connected? When	
If well produces oil or li	mids.	No	Soon
give location of tanks.	1 10 10 37		
If this production is co	nmingled with that from any other lease or po-	ol, give commingling order number:	
IV. COMPLETION DAT.	Oil Well Gas Well	Tw. i Damen E	Plug Back Same Res'v. Diff. Res'v.
Designate Type (f Completion – (X)	X	1
	Date Compl. Ready to Prod.		P.B.T.D.
Date Spudded	12-31-86	11,930	11,832
11-19-86		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, R	Strawn	11.5045	11,440
3792.9 GR	Scrawii		Depth Casing Shoe
Perforations	,515 22 holes .43"		11,930
11,504½ to 1.	TURING CASING.	AND CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZ	13-3/8"	445	600
17-1/2"	8-5/8"	4391	1800
7-7/8"	5-1/2"	11890	475
	0.7/08	11440	
DAMA AND I	EQUEST FOR ALLOWABLE (Test must able for this	be after recovery of total volume of load oil an	d must be equal to or exceed top allow-
V. TEST DATA AND I	able for thi	Producing Method (Flow, pump, gas lift,	etc.)
Date First New Oil Rur	To Tanks Date of Test		
1-02-87	1-12-87	Flowing Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casind Missems	18/64"
24 hrs	610	Water-Bbls.	Gas-MCF
Actual Prod. During Te	ot Oil-Bbls.	62	540
406	406	02	
\			
GAS WELL	To the state of th	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MC	Length of Test		
	back pr.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot,	Tubing Pressure (Stut-12)		
		OU CONSERVA	TION COMMISSION
VI. CERTIFICATE OF	COMPLIANCE	ABBROVED MN 2 3	1987
		APPROVED	1507
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.		iven	LERRY SEXTON
		lief. BY ORIGINAL SIGNED BY DISTRICT I SUP	FRVISOR
		TITLE	
1	Ω Ω	This form is to be filed in c	
	Johnson		
Production Accountant		If this is a request for allow	able for a newly drilled of despending the deviation dence with RULE 111.
		All sections of this form must able on new and recompleted we	if Pe tilled ont combinerary to: min.
		aple on new and recompleted we	
	(Title)		
	1-14-87	Fill out only Sections I, II	
		Fill out only Sections I, II	er, or other such change of condition. be filed for each pool in multiply