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TRANSPORTER	OIL	
	GAS	
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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

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 type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
NOTICE OF GAS CONNECTION	

If change of ownership give name
and address of previous owner _____

Lease Name State -16-		Well No. 3	Pool Name, Including Formation Lovington, NE (Penn)	Kind of Lease State, Federal or Fee	Lease No. K-6806-1
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East					
Line of Section 16 Township 16S Range 37E , NMPM, Lea County					

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)				
Texas-New Mexico Pipe Line Company		P.O. Box 2528 - Hobbs, New Mexico 88241				
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)				
Phillips 66 Natural Gas		4001 Penbrook - Odessa, Texas 79765				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 16	Twp. 16	Rge. 37	Is gas actually connected? YES	When March 7, 1987

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (shut-in)		Choke Size
Testing Method (pistos, back pr.)	Tubing Pressure (shut-in)			

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)
March 9, 1987
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 11 1987
BY JERRY LEXTON, JR. 19
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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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

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 type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

Lease Name State -16-		Well No. 3	Pool Name, Including Formation Lovington, NE (Penn)	Kind of Lease State, Federal or Fee	State	Lease No. K-6806-1
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>						
Line of Section <u>16</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County						


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)				
Texas-New Mexico Pipe Line Company		P.O. Box 2528 - Hobbs, New Mexico 88241				
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)				
Phillips 66 Natural Gas		4001 Penbrook - Odessa, Texas 79765				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 16	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: _____

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		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		

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	
March 2, 1987 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>MAR 5 1987</u> , 19____	
BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	
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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	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)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL

DESIGNATED BELOW. IF YOU DO NOT CONCUR
PLEASE NOTIFY THIS OFFICE.

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3-3-87
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE
Lease Name
State -16-
Well No. 3 Pool Name, including Formation Lovington, NE (Penn)
Kind of Lease
State, Federal or Fee State
Lease No. K 6806-1
Location
Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East
Line of Section 16 Township 16S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Enron Trading, Inc.
Address (Give address to which approved copy of this form is to be sent)
Box 20108 Shreveport, LA 71112
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
None 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 I Sec. 16 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:

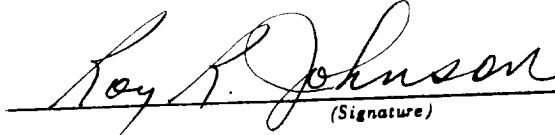
IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded 11-19-86 Date Compl. Ready to Prod. 12-31-86 Total Depth 11,930 P.B.T.D. 11,832
Elevations (DF, RKB, RT, GR, etc.) 3792.9 GR Name of Producing Formation Strawn Top Oil/Gas Pay 11,504 1/2 Tubing Depth 11,440
Perforations 11,504 1/2 to 11,515 22 holes .43" Depth Casing Shoe 11,930
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17-1/2" 13-3/8" 445 600
11" 8-5/8" 4391 1800
7-7/8" 5-1/2" 11890 475
2-7/8" 11440

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)
OIL WELL
Date First New Oil Run To Tanks 1-02-87 Date of Test 1-12-87 Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hrs Tubing Pressure 610 Casing Pressure 0 Choke Size 18/64"
Actual Prod. During Test 406 Oil - Bbls. 406 Water - Bbls. 62 Gas - MCF 540

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.


(Signature)
Production Accountant
(Title)
1-14-87
(Date)

OIL CONSERVATION COMMISSION
APPROVED JAN 23 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE

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