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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

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 1-7-88  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

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 NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE -16-	Well No. 4	Pool Name, Including Formation Undesignated Lovington, NE (Penn)	Kind of Lease State, Federal or Fee	State	Lease No. K 6806
Location Unit Letter F ; 1650 Feet From The North Line and 2100 Feet From The West Line of Section 16 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 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"/> 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 F	Sec. 16	Twp. 16-S	Rge. 37-E	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-19-87	Date Compl. Ready to Prod. 11-07-87	Total Depth 12,084	P.B.T.D. 12,034					
Elevations (DF, RKB, RT, GR, etc.) 3809.9 GR	Name of Producing Formation Penn	Top Oil/Gas Pay 11,481	Tubing Depth 11,402					
Perforations 11481 to 11504 and 11512 to 11558 with 2 shots per foot	Depth Casing Shoe 12,084							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		426		450			
11	8-5/8		4400		1650			
7-7/8	5-1/2		12084		840			

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 11/07/87	Date of Test 11/16/87	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 Hours	Tubing Pressure 245	Casing Pressure 0	Choke Size 27/64
Actual Prod. During Test 557	Oil-Bbls. 557	Water-Bbls. 0	Gas-MCF 740

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pitot, 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  
Production Accountant  
November 20, 1987

OIL CONSERVATION COMMISSION  
APPROVED NOV 24 1987, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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.