At 5 Copies
Appriate District Office
STRICT 1
O Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>I.</u>	T	O TRAI	NSPORT OF	<u>L AND NA</u>	TURAL GA		_			
Operator PENNZOIL EXPLORA	NY Well A			API No. 30-025-30579						
Address P. O. DRAWER 182	8 - MID	LAND,	TEXAS 79	702–1828	-	<u></u>	<del></del>	·-··· - ·		
Reason(s) for Filing (Check proper box)					et (Please expla	iin)				
New Well Recompletion	Oil	_ [ ]	ransporter of:		OTICE OF		NECTION			
Change in Operator   If change of operator give name	Caninghead	Gas [ ]	Condensate	<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>	
and address of previous operator									<del></del>	
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name STATE -21-		Well No. 1	Pool Name, Includ NORTHEAS	ng Formation Kind of State,			of Lease STATE Lease No. Federal or Fee V 1029			
Location Unit Letter H	: 16	50 <u> </u>	Feet From The _	NORTH_Lin	e and33	0 Fe	et From The	EAST	Line	
Section 21 Township	16-	S 1	Range 37-	-E , N	мрм,	LE	A		County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		OF OII			a address to ush	ich approved	nome of this fi	rm is to be s		
Texas-New Mexico Pipline Company P. O. BOX 2528 - Hobbs, New Mexico								8241-2528		
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas				I	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum C  If well produces oil or liquids,	Warren Petroleum Company produces oil or liquids.   Unit   Sec.   Twp.   Rge.				P. O. BOX 1150 - Midland, Texas 79702-1150 Is gas actually connected?   When?					
give location of tanks.	H	•	16-S 37-E	1 -	-	"	05/09	9/89		
If this production is commingled with that fi	rom any other			<del>/</del>	ber:					
IV. COMPLETION DATA										
Designate Type of Completion -	(20)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded				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		
				<del></del>	DECOD					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			T	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEF IN SET			SACKS CEMENT			
THE COURT OF A MANAGEMENT OF THE COURT OF TH	T FOD A	LOWA	OI E	L			<u> </u>			
V. TEST DATA AND REQUES' OIL WELL (Test must be after re				he equal to or	exceed top allo	unhle for this	e dansk or he f	or full 24 hou	<del></del> 1	
					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Press	asre.		Casing Press	ıre		Choke Size			
							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	water - Bols.			our mei		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	est		Bbls. Conder	sate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA			\			SERV		אואופור		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION  MAY 1 2 1989					
				Date	Date Approved					
Joy N. Johnson				By_	By ORIGINAL SIGNED BY JERRY SEXTON					
ROY R. JOHNSON	PRODUC'		CCOUNTANT							
Printed Name MAY 10, 1989 Date	915-	682-73		Title				7		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAY 11 1989

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