

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PENNZOIL EXPLORATION & PRODUCTION COMPANY		Well API No. 30-025-30579
Address P. O. DRAWER 1828 - MIDLAND, TEXAS 79702-1828		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>7-1-89</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE -21-	Well No. 3	Pool Name, Including Formation NORTHEAST LOVINGTON PENN	Kind of Lease STATE	Lease No. V 1029
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>21</u> Township <u>16-S</u> Range <u>37-E</u> , <u>NMPM</u> 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, NM 88241-2528					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150 - Midland, TX 79702-1150					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 21	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 03/15/89	Date Compl. Ready to Prod. 04/25/89		Total Depth 11930		P.B.T.D. 11793			
Elevations (DF, RKB, RT, GR, etc.) 3795 GR - 3814 RKB	Name of Producing Formation PENN		Top Oil/Gas Pay 11480		Tubing Depth 11354			
Perforations 11480 - 11494 - 4 SPF - Total of 57 Holes					Depth Casing Shoe 11841			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		428		445			
11	8-5/8		4400		1470			
7-7/8	5-1/2		11841		450			
5-1/2	2-7/8		11354					

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 Tank 04/26/89	Date of Test 04/27/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 400	Casing Pressure PKR	Choke Size 48/64
Actual Prod. During Test 468	Oil - Bbls. 396	Water - Bbls. 72	Gas- MCF 2100

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Roy R. Johnson
Signature
ROY R. JOHNSON PRODUCTION ACCOUNTANT
Printed Name
APRIL 28, 1989 915-682-7316
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 8 1989

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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 5 1989

OCD
HOBBS OFFICE