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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

Operator PENNZOIL COMPANY		
Address P. O. Drawer 1828, Midland, TX 79702-1828		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>ARM</i>
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"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE *Apache Ridge Bone Spring R-8075 (12-1-85)*

Lease Name Mescalero 30 Federal	Well No. 1	Pool Name, Including Formation <i>Undesignated Bone Spring</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-056376
Location Unit Letter <u>P</u> ; <u>510</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>19-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown 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 P	Sec. 30
	Twp. 19	Rge. 34
	Is gas actually connected? No	When Soon

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 5-23-85	Date Compl. Ready to Prod. 8-18-85		Total Depth 13,670'		P.B.T.D. 13,150'			
Elevations (DF, RKB, RT, GR, etc.) GR 3650'-RKB 3668'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9,376'		Tubing Depth 9,282'			
Perforations 44 holes from 9,376-9,454'					Depth Casing Shoe 13,668'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		411'		425			
11"	8-5/8"		4,997'		2,550			
7-7/8"	5-1/2"		13,668'		920			
	2-3/8"		9,282'					

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 8-18-85	Date of Test 8-31-85	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 19 hrs	Tubing Pressure 200#	Casing Pressure Pkr	Choke Size 48/64"
Actual Prod. During Test	Oil-Bbls. 323	Water-Bbls. 174	Gas-MCF 431

24 hour rate 408 bbls oil 220 bbls water 544 MCF Gas

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.

Roy R. Johnson
(Signature) Roy R. Johnson
Production Accountant
(Title)
September 18, 1985
(Date)

OIL CONSERVATION COMMISSION
APPROVED **SEP 26 1985**, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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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SEP 23 1985

O.C.D.
HOBBS OFFICE