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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
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 ☐ Designation of Gas Transporter
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Pennzoil Meyers Well No. 1 Pool Name, including Formation Shipp Strawn Kind of Lease Fee
Location
Unit Letter D ; 660 Feet From The North Line and 810 Feet From The West
Line of Section 3 Township 17-S Range 37-E , NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ 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, NM 88241
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
J. L. Davis 211 N. Colorado, Midland, TX 79701
If well produces oil or liquids, give location of tanks. Unit D Sec. 3 Twp. 17-S Rge. 37-E Is gas actually connected? Yes When 12-19-86

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 Reservoir ☐
Date Spudded 10-7-86 Date Compl. Ready to Prod. 11-20-86 Total Depth 11,470 P.B.T.D. 11,370
Elevations (DF, RKB, RT, GR, etc.) 3771.5 GR Name of Producing Formation Strawn Top Oil/Gas Pay 11,205 Tubing Depth 11,121
Perforations 11,205 - 11,244 31 holes
11,272 - 11,304 16 holes Depth Casing Shoe 11,470
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17-1/2 13-3/8 402 438
11 8-5/8 4,229 1,625
7-7/8 5-1/2 11,470 1,800
2-7/8 11,121 None

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
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.
Mark Shumway (Signature)
Engineer (Title)
11-24-86 (Date)
OIL CONSERVATION COMMISSION
APPROVED 11-24-1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 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 designation 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.