NO. OF COPIES RECI	EIVED	ĺ	
DISTRIBUTION			
SANTA FE			-
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Engineer

11-24-86

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and e-1 Effective 1-1-65
U.S.G.S.	AUTUODIZATION TO TO	AND	
LAND OFFICE	AUTHURIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
I BANSPORTER OIL	7		
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator Donnzoil Company			
Pennzoil Company			
	idland, Texas 79702-1828		
Reason(s) for filing (Check proper box	iuianu, iexas /9/02-1828	0.1 (0)	
New Well	Change in Transporter of:	omer (1 rease explain)	CAN MUST NOT ME
Recompletion	Oil Dry Gas	s OLSO GENAU	1 = 1 - 1
Change in Ownership	Casinghead Gas Conden	s Sate Sate	ACEPHON TO R-1076
THIS	WELL HAD DO	ADE A CVED	3120
If change of ownership give name	WELL HAS BEEN PLACED IN THE PO MATED BELOW, IF YOU DO NOT COL Y THIS OFFICE.	IS OBTAINED	•
and address of previous own NOTH	THIS OFFICE TO NOT COL		3
DESCRIPTION OF WELL AND	LEASE		acreage \$ 81.0;
Lease Name	Well No. Pool Name, Including Fo		1
Pennzoil Meyers	1 Shipp Strawn	R-8409 4-1-87 State, Fede	ral or Fee Fee
Location			
Unit Letter D; 6	60 Feet From The North Line	e and 810 Feet From	The West
1 (100 04 80 040 040 040 040 040 040 040 040	17 C	27 E	100
Line of Section 3 To	ownship 17-\$ Range	37-E , NMPM,	Lea County
DESIGNATION OF TRANSPOR	TED OF OIL AND NATURAL GA	c	
Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GA or Condensate		roved copy of this form is to be sent?
Texas-New Mexico Pipe		P. O. Box 2528, Hobbs	
Name of Authorized Transporter of Co			roved copy of this form is to be sent.
Unknown at this time			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen
give location of tanks.	D 3 17-S 37-E	No	Soon
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			
Designate Type of Completi	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Rests . Miff.
		Total Donth	DRTD
Date Spudded	Date Compl. Ready to Prod.	Total Depth	11,370
10-7-86 Elevations (DF, RKB, RT, GR, etc.)	11-20-86 Name of Producing Formation	11,470 Top Oil/Gas Pay	Tubing Depth
3771.5 GR	Strawn	11,205	
Perforations 11,205-11,24		,200	11,121 Depth Casing Shoe
11,272-11,30			11,470
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		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
. TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas	
	Date of Test		**;*, ****/
11-16-86	11-19-86 Tubing Pressure	Flow Casing Pressure	Choke Size
Length of Test		Coasing Freesame	
24 Actual Prod. During Test	585	Water - Bbls.	22/64 Gas-MCF
720	720	0	1,000
720	120	1 <u>y</u>	1,000
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
L CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
		NOV 2	vation commission f. 1985 , 19
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	with and that the information given he best of my knowledge and belief.	NOW SERVED BY SERVED SERVED N	
above is true and complete to t	no best of my knowledge sid belief.	DISTRICT	\$U) 98300 U\$
1		TITLE	
$\sim 10^{\circ}$			in compliance with RULE 1104.
Mak Shumua	21	If this is a request for all	towable for a newly drilled or deepen
Sign	grature)	well, this form must be accome tests taken on the well in ac	spanied by a tabulation of the deviati
Engineer (topie thron on the most m ac	

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 covner, 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.