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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"/>	A-8366 220 acres dedicated for oil and gas Casinghead gas - 20%
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		API #30-025-29829	
Lease Name VIERSEN	Well No. 3	Pool Name, Including Formation SHIPP STRAWN	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter 0	150	Feet From The South	Line and 2080
Line of Section 4		Township 17S	Range 37E
		NMPM,	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 Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX 79765
If well produces oil or liquids, give location of tanks.	Unit I
	Sec. 4
	Twp. 17
	Rge. 37
	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 <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'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>
Date Spudded 1-1-87	Date Compl. Ready to Prod. 2-15-87
Total Depth 11,240'	P.B.T.D. 11,239'
Elevations (DF, RKB, RT, GR, etc.) 3774.6 GR.	Name of Producing Formation Strawn
Top Oil/Gas Pay 11,067	Tubing Depth 11,160'
Perforations 11,067-69 (5 holes) 11,078-90 (25 holes)	Depth Casing Shoe 11,239'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17-1/2"	13-3/8
11"	8-5/8
7-7/8"	5-1/2
	2-7/8
DEPTH SET	SACKS CEMENT
405'	630
4189'	1450
11239'	350
11160	

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 2-16-87	Date of Test 4-3-87
Length of Test 24 hrs.	Producing Method (Flow, pump, gas lift, etc.) Pump
Actual Prod. During Test 116 Bbls.	Tubing Pressure
	Casing Pressure
	Choke Size
	Water-Bbls. 0
	Gas-MCF 22

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.	
APPROVED <u>APR 20 1987</u> , 19	
BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	
DISTRICT I SUPERVISOR	
TITLE	
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	
Roy R. Johnson (Signature) Production Accountant (Title) 4-14-87 (Date)	

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