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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 and C-110  
Effective 1-1-65

Operator PENNZOIL COMPANY		
Address P. O. DRAWER 1828 - MIDLAND, TEXAS 79702-1828		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	1000 bbl. Testing Allowable for NOVEMBER, 1987
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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pennzoil -36- State Com.	Well No. 1	Pool Name, Including Formation QUAIL RIDGE MORROW	Kind of Lease State, Federal or Fee	Lease No. VB - 051
Location Unit Letter <u>I</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>36</u> Township <u>19-S</u> Range <u>33-E</u> , NMFM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Operating Limited Corporation	P.O. Box 3119 - Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None at this time						
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36	Twp. 19-S	Rge. 33-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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-24-87	Date Compl. Ready to Prod.		Total Depth 13690		P.B.T.D. 13690			
Elevations (DF, RKB, RT, GR, etc.) 3598.3 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13145		Tubing Depth 13058			
Perforations 13145' to 13333' with 4 SPF - Total of 320 holes.					Depth Casing Shoe 13690			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		1391		1525			
11	8-5/8		4925		3375			
7-7/8	5-1/2		13690		3123			

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.

Roy R. Johnson  
Roy R. Johnson (Signature)  
Production Accountant  
(Title)  
November 10, 1987  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED NOV 12 1987, 19\_\_\_\_  
BY Paul Krutz  
Geologist  
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 completed wells.