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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:
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"/>
CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-9-88 UNLESS AN EXCEPTION TO RULE IS OBTAINED.	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SIMMONS ESTATE	Well No. 1	Pool Name, Including Formation SHIPP STRAWN	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter N ; 1980 Feet From The West Line and 1310 Feet From The South				
Line of Section 3 Township 17-S Range 37-E, 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"/> ENRON TRADING, INC.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 20108 - Shreveport, LA 71112					
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 N	Sec. 3	Twp. 17-S	Rge. 37-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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 12/21/87	Date Compl. Ready to Prod. 02/09/88	Total Depth 11685	P.B.T.D. 11545					
Elevations (DF, RKB, RT, GR, etc.), 3764.8 GR - 3782.3 KB	Name of Producing Formation STRAWN	Top Oil/Gas Pay 11330	Tubing Depth 11276					
Perforations 11602-11613 (44 Holes) - Set CIBP at 11580' w/35' cement on top.			Depth Casing Shoe 11276			PBTD 11545' - Perf. 11330-11334 & 11344-11426' w/1 SPF (Total 88 Holes)		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	433	420					
11	8-5/8	4210	1600					
7-7/8	5-1/2	11685	470					
	2-7/8	11276						

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)

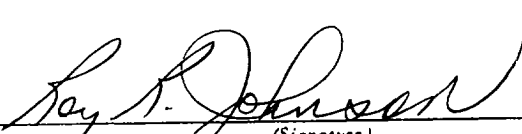
Date First New Oil Run To Tanks 02/09/88	Date of Test 02/24/88	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 450	Casing Pressure PKR	Choke Size 19/64
Actual Prod. During Test 480 BBLS.	Oil-Bbls. 480	Water-Bbls. 0	Gas-MCF 410

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.


(Signature)
Production Accountant
(Title)
February 25, 1988
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 29 1988, 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 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.