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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Engr., Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

#### I.

Operator PENNZOIL EXPLORATION & PRODUCTION COMPANY	Well API No. 30-025-30413
Address P. O. DRAWER 1828 - MIDLAND, TEXAS 79702-1828	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) <b>Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)</b> Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request for Allowable Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA CHAPARRAL FEDERAL COM.	Well No. 1	Pool Name, Including Formation Undesignated Bone Spring <i>wildcat</i>	Kind of Lease <del>State</del> Federal <input checked="" type="checkbox"/>	Lease No. NM-60789
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>19-S</u> Range <u>34-E</u> , <u>NMPM</u> , <u>LEA</u> 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 - Midland, Texas 79702-3119	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 <u>K</u> Sec. <u>33</u> Twp. <u>19S</u> Rge. <u>34E</u>	Is gas actually connected? NO	When? Unknown at this time.

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-19-88	Date Compl. Ready to Prod. 10-01-88	Total Depth 13600	P.B.T.D. 10220' CIBP					
Elevations (DF, RKB, RT, GR, etc.) 3662.6 GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 10153	Tubing Depth 9600					
Perforations 10153' to 10162' - 10 holes - 1 JSPF			Depth Casing Shoe 13583					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		513		670			
12-1/4	9-5/8		5300		2750			
7-7/8	5-1/2		13680		1400			
	2-7/8		9600					

#### 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 Tank 08/22/89	Date of Test 08/30/89	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 Hours	Tubing Pressure 150	Casing Pressure --	Choke Size --
Actual Prod. During Test 221 bbls.	Oil - Bbls. 118	Water - Bbls. 103	Gas- MCF 20

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Roy R. Johnson  
Printed Name ROY R. JOHNSON  
Date AUGUST 31, 1989 Telephone No. 915-682-7316

#### OIL CONSERVATION DIVISION

Date Approved SEP 5 1989  
By Paul Kautz Orig. Signed by  
Geologist  
Title \_\_\_\_\_

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.