1636

Submit 5 Copies
Appropriate District Office
DISTRICT I
P. O. Box 1980. Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

## OIL CONVERSATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

<u>I.</u>													
Operator PENNZOIL PETR	OLLUM CO	MD:NT	<del></del>							1,,,			
Address P. O. BOX 2967, HO					<del></del> -						I API No. 025-11374		
Reason (s) for Filling (check proper box													
New Well		unge in To	ansporter of	<b>e</b> .				es (Please					
Recompletion	Oil	-ugo m 11		r: Ory Gas			EF	FECTIV	$\sigma$ E $O$ .	II	n 30, 199		
Change in Operator X	Casinghead C	jas		Condensi	ate					one	n 33, 189	72	
If chance of operator give name and address of previous operator													
	Chevron U.S	.A. Inc., I	P. O. Box 1	150, MI	dland, TX	79702							
II. DESCRIPTION OF WELI Lease Name	AND LEAS		, I <del>s</del>										
		Well	O. Pool N	ame, Ind	cluding F	prination					of Lease	Lease No.	
W. A. Ramsay (NCT-C)  Location		3	Justis T	abb Dr	inkard					State	, Federal or Fee	1	
										Joseph	<u> </u>	B1732	
Unit Letter L	'	1650	Feet Pro	m The	Souti	•	Line	and	330		EE		
Section 36 Township	p 24S		Range						330		Feet From The	West Line	
III. DESIGNATION OF TRAI		OF OU			37E		, NM	ИРМ,			Lea	County	
Name of Authorized Transporter of Oil	ISI ORIER	or Cond		ATUR	Add		(C)						
Pride Pipeline Company	X				Aug	icas (	(GN	e aaaress i	io which a	pprov	ed copy of this	form is to be sent)	
Name of Authorized Transporter of Carin	ghead Gas	X or l	Dry Gas		Add	]	P. O.	. Box 2436	, Abllene	, TX	79604		
El Pase Natural (las Co. Aca Ric. If well produces oil or liquids,	halason	Jasen Contra I Hazar				(C33 (	(Giva P. O.	e address t . Rox 1491	o which a	which approved copy of this form is to be sent) El Paso, TX 79978			
give location of tanks,	Unit	Sec.	Twp.	Rge.	Is gas	actually o	conn	ected ?	When	?	199/8	<del></del>	
		[				Yes							
If this production is commingled with that	from any other le	ase or poo	ol, give com	uninglin	g croter a	umber:			Щ		Unknown		
IV. COMPLETION DATA		·						y 1 3 1 <u>5</u> 1	er a				
Designate Type of Completion	a - (X)	Oil We	II Gas W	Vell N	lew Well	Worko	ver	Deepen	Plugba	ck	Same Res'y	Diff Res'v	
Date Spudded	Date Compl. Re	eady to Pr	od.	T	otal Dept	<u> </u>		L	P. B. T.			<u></u>	
Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay								
Peforations										Tubing Depth			
									Depth (	asing	Shoe		
HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD								
	CASING	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
					<del> </del>								
	<del> </del>												
V. TEST DATA AND REQUES	T FOR ALL	OWAB	LE		<del></del> -								
OIL WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of total ve	olume of l	oad oil and	must be	equal to	or exceed	l top	allowable	for this de	nth a	r ha for 6.11 2.4 i		
	Date of Test			Pr	oducing l	Method	(	(Flow, pun	ъ. gas lift.	esc.)	ve joi juu 24 k	iours)	
ength of Test	Tubing Pressure			C	Casing Pressure					Choke Size			
ctual Prod. During Test Oil - Bbls.									Choke Size				
				l w	ater - Bbl	3.			Gas - Mo	Œ			
GAS WELL  cettal Prod. Test - MCF/D									<u> </u>			···	
	Length of Test			Вь	ls. Conde	nsate/MN	ACF		Gravity o	of Con	densate		
esting Method (pilot, back press.)	Tubing Pressure (Shut - in)			Ca	Casing Pressure (Shut - in)				Choke Size				
I. OPERATOR CERTIFICAT	E OF COMP	TTANC	'E'										
I hereby certify that the rules and regulati	ons of the Oil Co	DESCRIPTION	AE.			^		CONG	·				
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date Approved FEB 0 2 1993								
Noy S. Skuson													
Signature					TOTAL TRANSPORT								
Printed Name					Title								
_12/2:192 (9)	Title	7211				-			1			<del></del>	
Date	Telep	1.3/6 hone No.									1.2	No. a	

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

<sup>1)</sup> Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accompanies