State of New Mexico

Submit 5 Copies Appropriate District Office

DISTRICTI

DISTRICT'II

P. O. Box 1980, Hobbs, NM 88240

P. O. Drawer DD, Artesia, NM 88210

Energy, Minerals and Natural Resources Department

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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 III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>I</u>											
Operator PENNZOIL YE	TROLUING CO							Well API No.			
Address P. O. BOX 2967,			30 - 025-11379								
Reason (s) for Filling (check proper b	ax)	77252-2997		·							
New Well		ange in Transpo	orter of:			thes (Please e					
Recompletion Change in Operator X	Oil Casinghead (Gas [Dry G Conde		E	FFECTIV	E <u>()</u>	token 30, 199.	2-		
If chance of operator give name and address of previous operator	Chama- N.C										
II. DESCRIPTION OF WEI	L AND THE	A. Inc., P. O.	Box 1150, 1	Midland, T	X 79702						
Lease Name	L AND LEAS		Pool Name,	Including							
W A Panney OVET CO								Kind of Lease State, Federal or Fee	Lease No.		
Location		2 N	orth Justic	Ellenburg	<u>r</u>			State	B1732		
Unit Letter M	I	0330 Fe	et From Th	ie Sout	h Lie	ne and	330	F . F -			
Section 36 Towns	hip 248	R	ange	37E		—— Імрм.	330	Feet From The	West Line		
III. DESIGNATION OF TRA	INSPORTER	OF OIL AN	D NAT	URAL G	AS			Lea	County		
Name of Authorized Transporter of Oil	X	or Condensa	· _			ive address to	which app	proved copy of usis for	orm is to be sent		
Pride Pipeline Company. Name of Authorized Transporter of Cas	P.O. Box 2436 Abiliana TV macaa								- was to be senty		
Past Notaral Gas Co. And	inghead Gas					ive address so	which app	roved copy of this fo	orm is to be sens)		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tv			actually con	J-DOE 1475	When?	X-79978	<u> </u>		
					Yes			.			
If this production is commingled with th IV. COMPLETION DATA	at from any other le	ease or pool, giv	e comming	ting order i	umber:			Unknown			
		Oil Well	Gas Well	New Wel	Workover	- 1 5		5 g			
Designate Type of Completic Date Spudded						Deepen	Plugback	Same Res'v	Diff Res'v		
	Date Compl. R		_	Total Depth			P. B. T. D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/G	as Pay		Tubing Depth				
eforations							Depth Casing Shoe				
	π	BING, CASI	NG AND C	EMENTIN	G RECORD				-+		
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT				
											
									- -		
V. TEST DATA AND REQUE OIL WELL (Test must be often	ST FOR ALL	OWABLE		L			<u></u>				
Date First New Oil Run To Tank	Date of Test	olume of load o	il and musi	be equal to Producing	or exceed to Method	p allowable fo (Flow, pum	or this dep	th or be for full 24 h	ours)		
ength of Test	Tubing Pressure		Casing Pre	ssure		Choke Size					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas - MCF			
GAS WELL						·					
Actual Prod. Test - MCF/D	Length of Test			Bbls. Cond	ensate/MMC	F]	Gravity of	Condensate			
esting Method (pilot, back press.)	Tubing Pressure	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Gravity of Condensate Choke Size		
I. OPERATOR CERTIFICA	TOR CERTIFICATE OF COMPLIANCE										
I hereby certify that the rules and regula	ations of the Oil Co.	nservation			OIL	_ CONS	ERVA.	TION DIVES	ON.		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION FEB 0 2 1993							
And a second belief.				Bato Approved							
Signature Signature				By ORIGINAL SIGNED COLUMN / SEXTON BESTMON I SUPERVISOR							
- Koy R. Johnson Sr. Acct.				Title							
Printed Name (2/22/92 (9/5/682	-17211				אוני בין פיץ פיי			_		
Date	Telep	phone No.	•				ON	LY MIN	111000		

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.

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

DISTRICT II

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 III 1000 Rio Brazos Rd., Aztec, NM 8741.0

P. O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>1.</u>												
Operator PERMIZINE LETT	Post tither do								Well API No.			
									30 - 025-11379	/		
P. O. BOX 2367, H.	CUSTON, TY	: 77253-03	77									
Reason (s) for Filling (check proper box) New Well		· to Toos			 -	_	her (Please ex	•				
Recompletion	Cha Oil	ange in Tran		of: Dry Gas	. [EJ	FFECTIV	E / . 1	toher 30, 1997			
Change in Operator X	Casinghead G	jas	_	Condens	—			المديد الم	3 km 3 G, 1971	<u> </u>		
If chance of operator give name												
and address of previous operator	Chevron U.S.	A. Inc., P.	O. Box	1150, M	idland, TX	79702	· ————					
II. DESCRIPTION OF WELL				_						- - 		
Lease Name	Well No. Pool Name, Including Formation							ji	Kind of Lease	Lease No.		
W. A. Ramsay (NCT-C)	2 North Justis Ellenburger							s	State, Federal or Fee			
Location			North	Justa L	Mender Ker			!	State	B1732		
Unit Letter M		2220	e		~							
Oun Louis Iva	:	0330	_Feet 17	rom The	South	Line	ne and	330	Feet From The	West Line		
Section 36 Township	p 24S		Range	;	37E	, N I	MPM,		Lea	County		
III. DESIGNATION OF TRAN	NSPORTER	OF OIL	AND	NATU	RAL GA					County		
Name of Authorized Transporter of Oil		or Conder			Addr		ve address to	which ap	proved copy of this fo	new is to be sent)		
Pride Pipeline Company.	\mathbf{x})/M ii io oe seni)		
Name of Authorized Transporter of Caring	P. C	P. O. Box 2436, Abilene, TX 79604 (Give address to which approved copy of this form is to be sent)										
El Pace Natural Gus-Co. If well produces oil or liquids,	attendance	<u> </u>	ry Gas	<u></u>	,	P. G	Dr Bex 1492,	Writer app	n approved copy of this form is to be sent)			
give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas	actually con	nected ?	When?				
					1	Yes			Unknown			
If this production is commingled with that	from any other le	ase or pool	, give ca	ommingl	ing order n	umber:			UHAROWA			
IV. COMPLETION DATA												
Designate Type of Completion	n - <i>(X</i>)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plugback	k Same Res'v	Diff Res'v		
Date Spudded	Date Compl. R	eady to Pro	d.		Total Depti	<u> </u>		P. B. T. I		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)								F. D. 1. L	1. D.			
Dictarras (Dr., And, A., On, way	Name of Produ	cing Forms	tion	1	Top Oil/Ga	s Pay		Tubing D)epth			
Peforations								Denth Cr	sing Shoe			
	77	TORNO CL	- This	OT				LAT.	Zing Onor	:		
HOLE SIZE	T CASING	& TUBING	SING A	ANDUE		G RECORD DEPTH SET		т	C) CVO CT			
						JEF III OL.		+	SACKS CE	MENT		
								<u> </u>				
	+							-				
V. TEST DATA AND REQUES										 -		
OIL WELL (Test must be after r. Date First New Oil Run To Tank	recovery of total v			nd must	be equal to	or exceed to	p allowable j	for this dep	oth or be for full 24 k	IOWES)		
Date First New Oil Klin 10 1ank	Date of Test			_ ¹	Producing 1	viethod	(Flow, pum	p, gas lift, i	etc.)			
Length of Test	Tubing Pressure	e			Casing Pres	usure		Choke Siz				
Actual Prod. During Test	Ol Bhis									· <u></u>		
Actual Flod, During Test	Oil - Bbls.	_		1	Water - Bbl	s.		Gas - MC	F			
GAS WELL								Щ				
Actual Prod. Test - MCF/D	Length of Test			ī	Bbls. Conde	ensate/MMCI	F	Gravity of	f Condensate			
Testing Method (pilot, back press.)	Tubing Pressure	- (Shut - in)			Ossina Dres	(CL)	 -					
						sure (Shut - i	(n)	Choke Siz	Æ			
VI. OPERATOR CERTIFICAT												
I hereby certify that the rules and regulati					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above					Date Approved FEB 0 2 1993							
is true and complete to the best of my knowledge and belief.					Date Approved							
loy 1.	AKNO.	on			Ву	<u></u>	A: '등 송 (학회	r jes	. <u>5355</u> 5744			
Signature P. T. C. 1					By <u> </u>							
Printed Name	<u> </u>	tect.			Title_							
12/22/42	9/5/182	-1721	/									
Date	Tele	phone No.	<u>6</u>									

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.

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

State of New Mexico E. ,y, Minerals and Natural Resources Departme.

Form C-104 Revised 1-1-29 See Instruction at Bottons of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-11379 Chevron U.S.A., Inc. Address P.O. Box 1150 Midland, TX 79702 Other (Please explain) \Box Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease Na Well No. | Pool Name, Including Formation Lease Name B-1732 N. Justis Ellenburger 2 State W. A. Ramsay (NCT-C) Location Feet From The West Feet From The South Line and 330 . 330 Unit Letter M Lea Range 37E County 245 , NMPM, 36 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Shell Lipile Address (Give address to which approved copy of this form is to be sent) or Dry Gas ____ Name of Authorized Transporter of Casinghead Gas X 201 Main St., Suite 3000, Ft. Worth, TX 76102 Sid Richardson Carbon & Gasoline is gas actually connected? When? If well produces oil or liquids, give location of tanks. Sec Twp Rge. Unit Unknown Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **SACKS CEMENT** CASING & TUBING SIZE DEPTH SET HOLE SIZE . TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure **Tubing Pressure** Length of Test Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 22'92 is true and complete to the best of my knowledge and belief. Date Approved _

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.

By ORIGINAL SEE

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Tech Assistant Tale

(915)687-7148 Telephone No.

- 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.

J. K. Ripley

Printed Name 12/30/91