Submit 5 Copies				State of	New Mexico				•		
Appropriate District Office DISTRICT I		Energy	y, Minera	ils and N	latural Resour	ces Depar	tment	Form C-104 Revised 1-1-89 See Instructions at Boltom of Pa			
P.O. Box 1980, Hoobs, NM 88240 DISTRICT II		OIL	CON	SERV	ATION I	DIVISI	ON				
P.O. Drawer DD, Arlesia, NM 88210 DISTRICT III	Santa Fe, Ne					04-2088					
1000 Rio Brazos Rd., Aztec, NM 874	410 REC				ABLE AND			N			
Openator							Well API No.				
Address	phidle	<u>ir, 1</u>	nc.	·				30-025-20	)324		
Reason(s) for Filing (Check proper be	$\pm 545$	, Sa	n Ja	cint		et (Please es	iston	, +x 7	1002		
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Change in Operator	Oil Casingh	ead Gas	Dry Ga		Effect	tive Ju	1y 1, 1	993			
f change of operator give name nd address of previous operator	Pennzoil	Petr	oleum	Compar	ny, P.O. 1	Box 296	7, Hous	ton, TX	77252-2967		
I. DESCRIPTION OF WEI	LL AND LI										
W. A. Ramsay (NC	СТ-С)	Well N 4			<b>ding Formation</b> Justis Fus	sselman		od of Lease ie, Federal or Fe	e B1732		
Unit Letter M	03	30			South		0				
	;		Feet Fr		South Line	and <u>43</u>	0 ·	Feet From The	WestLir		
Section 30 Town	nship 24S		Range	<u>37e</u>	. NB	APM,	Lea		County		
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Appropriate District Office	Energy, Minerals and Natural Resources Department									68557	Form C-104		
<u>DISTRICT I</u> P. O. Box 1980, Hobbs, NM 88240		TION	DIVI	SION				Revised 1-1-89 See Instructions					
DISTRICT II P. O. Drawer DD, Artesia, NM 88210		c	onto Eo		ox 2088						at Bottom of Page		
DISTRICT III	Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION												
1000 Rio Brazos Rd., Aztec, NM 87410					AND N				UN				
I.								10					
Operator					·					Wall ATT MA			
PENNZOIL PETROLEUM COMPANY						<del></del>				Well API No. 30 - 025-20324			
P. O. BOX 2967, 1 Reason (s) for Filling (check proper box)	HOUSTON,	<u>TX 772</u>	52-2037										
New Well	Ch	ange in Tr	ansporter	of:			ihes (Ple	•	,				
Recompletion Change in Operator X	Oil			Dry Gas		I	EFFEC	TIVE	O.	tober 30	992		
If chance of operator give name	Casinghead	Gas		Condensa	<u>د ل م</u>						·		
and address of previous operator	Chevron U.	S.A. Inc., 1	P. O. Box	1150 <u>, Mid</u>	and, TX 7	79702							
II. DESCRIPTION OF WELL	AND LEAS	_					_						
		Well 1	No. Pool	Name, Inc	luding Forr	nation				Kind of Lease	Lease No.		
W. A. Ramsay (NCT-C)		4	North	Justis Fu	uehnan			·		State, Federal or State	Fee B1732		
Unit Letter M	*	0330	Feet F	rom The	South	L	ine and	<u> </u>	430	Feet From	The West Line		
Section 36 Township	24S		Range		7E		NMPM,	_		Lea	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER			NATUR	AL GAS								
		or Con	densate		Addres	ss ((	Give add	ress to v	which ap	proved copy of	this form is to be sent)		
Patter Mycline Company Shill /	yelin	U X or	Dry Gas	 	Addres	P	O. Box	2436, /	bilene ,	TX 79604	·····		
El Pase Natural Gas Co. Sud R If well produces oil or liquids,	ichard,	an G	then			//////////////////////////////////////	O. Box	ress to y 1492, F	which ap I <b>Pase</b> ,	proved copy of ( TX 79978	his form is to be sent)		
give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas ac	ctually co	nnected	?	When?				
If this production is commingled with that f		10000 0000		L		Ya				Unknown			
IV. COMPLETION DATA	toni aity ould	reade of pu	NI, BIAG CI	omminglin	g order aun		C-M	acs	en a	ASELINE			
Designate Type of Completion	- 00	Oil W	ell Gas	Well	lew Well	Workov	er Dee		Plugbac				
Date Spudded	Date Compl.	Ready to F	rod.		otal Depth				P. B. T.	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	tucing For	mation		op Oil/Gas	Pav							
Peforations	l								Tubing	·			
									Depth C	asing Shoe			
HOLE SIZE	CASIN	TUBING, G & TUBI	CASING NG SIZE	AND CEN	TENTING	RECOR							
										<u>SACK</u>	S (EMENT		
					·				·				
V. TEST DATA AND REQUES	Γ FOR AL	LOWAI	BLE	l_									
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total	l volume of	load oil a	nd must be	equal to o	r exceed	top allow	vable fo	or this de	pth or be for ful	24 hours)		
	Date of Test			P	roducing M	lethod	(Flow	, ритр	, gas lift	, etc.)			
Length of Test	Tubing Pressu	lre		C	asing Press	ure			Choke S	ize			
Actual Prod. During Test	Oil - Bbls.		<u> </u>	W	ater - Bbls.		<u>-</u> -		Gas - M				
GAS WELL													
Actual Prod. Test - MCF/D	Length of Tes	nt		В	bls. Conder	sate/MM	ICF		Gravity	of Condensate			
Testing Method (pilot, back press.)	Tubing Pressu	are (Shut -	in)	c	sing Press	ure (Shut	- in)		Choke S				
VI. OPERATOR CERTIFICAT	FOFCOM	TOT TAN	CE										
I hereby certify that the rules and regulation	ons of the Oil (	Conservati	on			0		ONSI	ERV				
Division have been complied with and that the information given above is true and complete to the best of my anowing ge and belief.									,	FEB 0 2 1993			
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