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DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Mark L. Shidler, Inc.</u>		Well API No. <u>30-025-20324</u>
Address <u>911 Walker #565, San Jacinto Bldg, Houston, TX 77002</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Effective July 1, 1993		
If change of operator give name and address of previous operator <u>Pennzoil Petroleum Company, P.O. Box 2967, Houston, TX 77252-2967</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>W. A. Ramsay (NCT-C)</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>North Justis Fusselman</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>B1732</u>
Location Unit Letter <u>M</u> : <u>0330</u> Feet From The <u>South</u> Line and <u>430</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>24S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Pride Pipeline Company</u>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2436, Abilene, TX 79604</u>				
Name of Authorized Transporter of Casinghead Gas <u>El Paso Natural Gas Co.</u>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, TX 79978</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When? <u>Unknown</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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 Mark L. Shidler  
Mark L. Shidler, Inc.

OIL CONSERVATION DIVISION

Date Approved JUL 13 1993

By ORIGINAL SIGNATURE: JERRY SEXTON

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State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONVERSATION DIVISION

P. O. Box 2088  
Santa Fe, New Mexico 87504-2088  
REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

68-32 CPD

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

I.

Operator	PENNZOIL PETROLEUM COMPANY	Well API No.	30 - 025-20324
Address P. O. BOX 2967, HOUSTON, TX 77252-2967			
Reason (s) for Filling (check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate
EFFECTIVE <u>October 30, 1992</u>			
If chance of operator give name and address of previous operator			
Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702			

### II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
W. A. Ramsay (NCT-C)	4	North Justis Fuschman	State, Federal or Fee State	B1732
Location				
Unit Letter	M	0330	Feet From The	South
Section	36	Township	24S	Range
				37E
				NMPM,
				Lea
				County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address	(Give address to which approved copy of this form is to be sent)
Petro Pipeline Company	<input type="checkbox"/>	P. O. Box 2436, Abilene, TX 79604	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address	(Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	<input type="checkbox"/>	3/1/93 P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected ?
			When ?
			Yes
			Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

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Peforations	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

### 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)

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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	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 Sr. Acct.  
Date 12/22/92 Telephone No. (915) 682-7316

### OIL CONSERVATION DIVISION

Date Approved FEB 02 1993

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title

MAY 11 1993