

NUMBER OF COPIES RECEIVED		22	
DISTRIBUTION			
SANITARY			
U.S.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER	GAS		
PRORATION OFFICE			
OPERATOR			

# NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Santa Fe, New Mexico

Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas

1/21/63

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**Penroc Oil Corp. & R. G. Hanagan** Samedan-St., Well No. **2-L**, in **SW 1/4 SW 1/4**,  
(Company or Operator) (Lease)  
**L** Sec. **19**, T. **17S**, R. **31E**, NMPM, **Cedar Lake Abo (U.S.A.)** Pool  
Unit Letter

Eddy

County. Date Spudded **11/21/62**

Date Drilling Completed **1/17/63**

Please indicate location:

Elevation **3628 G. L.** Total Depth **7129** PBD **7121**

Top Oil/Gas Pay **6994** Name of Prod. Form **Abo Reef**

PRODUCING INTERVAL -

Perforations **7114 - 20**

Open Hole Depth **7128** Depth **6945**  
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **248** bbls. oil, \_\_\_\_\_ bbls. water in **24** hrs, \_\_\_\_\_ min. Choke Size **16/64**

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing Press. **Pkr.** Tubing Press. **720** Date first new oil run to tanks **1/20/63**

Oil Transporter **Tex-Mex for Cities Service**

Gas Transporter **Skelly**

Remarks: **A/500 gal. MCA**

**32.61**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **JAN 23 1963**, 19\_\_\_\_

**Penroc Oil Corp. & R. G. Hanagan**  
(Company or Operator)

By: **J. D. Castle**  
(Signature)

Pres.

Title \_\_\_\_\_

Send Communications regarding well to:

Name **Penroc Oil Corporation**

Box 1004 Midland Texas

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title \_\_\_\_\_