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DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

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

RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PENROC OIL CORPORATION		Well API No. 30 015 05865
Address P. O. BOX 5970 Hobbs, New Mexico 88241-5970		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective: January 16, 1992 <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Texaco Exploration & Production Inc. P. O. Box 730 Hobbs, NM 88240-2528		

II. DESCRIPTION OF WELL AND LEASE

Lease Name R T WILSON FEDERAL	Well No. 2	Pool Name, including Formation MASON DELAWARE, NORTH	Kind of Lease State (Federal) or Fee Federal	Lease No. 902300
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 24 Township 26S Range 31E , NMPM , Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transport	Address (Give address to which approved copy of this form is to be sent) P. O. Box 60628 Midland, Texas 79711-0628	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24
	Twp. 26S	Rge. 31E
Is gas actually connected? Yes		When? 05/01/60

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

TEST DATA AND REQUEST FOR ALLOWABLE

IL 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.)			
ate 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 posted 10-3 1-24-92 Ekg OP
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Mohammed Yamin Merchant President
Printed Name Mohammed Yamin Merchant Title
Date 1/16/92 Telephone No. (505) 397-3596

OIL CONSERVATION DIVISION

Date Approved **JAN 22 1992**

By **ORIGINAL SIGNED BY**

MIKE WILLIAMS

Title **SUPERVISOR, DISTRICT IV**

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.