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

Operator

State of New Mexico 

MAR 2 6 1992

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

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

O. C. D.

10	REQUEST FOR ALLOWABLE AND AUTHORIZAT	ION
	TO TRANSPORT OIL AND NATURAL GAS	
		Well API No.

County   Charge   C	PENROC OIL CORPORAT		<u> </u>			30 015 05897						
Reaction for Pillag (Check proper bast) Now Wall Contegs in Operator Recompletos OI DY Cas Recompletos OI DY C	Address  P. O. BOY 5970	HORRS -	NEW MI	EXTCO	882	41-5970			**			
Change is Operator   Change is Transported or   Operator of							Other /Please ex	nlais)	<del> </del>			
Recompletion Out Dry Case   Consignated Case   Consignation Cas	New Well	•	Change is	n Transco	orter of:		COM (1 1000 C)	property				
Castagheed Case   Condenses	Recompletion	Oil	* e**	•	_				•			
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IL DESCRIPTION OF WELL AND LEASE   Wall No.   Pool Name, isolating Formation   SUDDY AGA A STATE   3 MASON DECAMARE NORTH   SUDDY AGA A STATE   3 MASON DECAMARE NORTH   SUDDY AGA A STATE   3 MASON DECAMARE NORTH   SUDDY AGA A STATE   1757   Rest From The   North   Lies and   660   Peer From The   Lies and   660   Peer From The   Lies and   660   Peer From The   North   Lies and   660   Peer From The   Lies and   Lies and   Continued   Peer From The   North   Peer From The   North   Peer From The   North   Peer From The   Peer From The   North   Peer From The   Peer From	f change of operator give name and address of previous operator		<del></del>				<del></del>	<del></del>	<del>,,-, , , , , , , , , , , , , , , , </del>		<del> </del>	
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Liosato Unit Later E : 1757 Peer From The North Lise and 650 Feet From The Mest Line Section 36 Township 269 Range 315 NMPM.  IL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Wins of Authorised Transporter of Oil Trans	EDDY AGA A STATE		l .	1								
Section 36   Tomagin 265   Rauge 31E   NMPM   Eddy   County	Location		<u> </u>	1	<u> </u>	EDAMAKE	NORTH			1003		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorised Transporter of Consequence  TREASCO Tracking 5 Transport part of Language Class  OF DOY Cas   Address (Give address to which approved copy of this form is to be sens)  TEXACO Tracking 5 Transporter part of Language Class  OF DOY Cas   Address (Give address to which approved copy of this form is to be sens)  TEXACO Tracking 5 Transporter part of Language Class  OF DOY Cas   Address (Give address to which approved copy of this form is to be sens)  TEXACO Tracking and the form and the control of Language Class  OF DOY Cas   Address (Give address to which approved copy of this form is to be sens)  P. O. BOX 50268 MILLIANG, Try 1711-0628  Address (Give address to which approved copy of this form is to be sens)  P. O. BOX 50268 MILLIANG, Try 1711-0628  Address (Give address to which approved copy of this form to be sens)  P. O. BOX 50268 MILLIANG, Try 1711-0628  Address (Give address to which approved copy of this form to be sens)  P. O. BOX 50268 MILLIANG, Try 1711-0628  Address (Give address to which approved copy of this form to be sens)  P. O. BOX 50268 MILLIANG, Try 1711-0628  Address (Give address to which approved copy of this form to be sens)  P. O. BOX 50268 MILLIANG, Try 1711-0628  Address (Give address to which approved copy of this form to be sens)  P. O. BOX 50268 MILLIANG, Try 1711-0628  Address (Give address to which approved copy of this form to be sens)  P. O. BOX 50268 MILLIANG, Try 1711-0628  Address (Give address to which approved copy of this form to be sens)  P. O. BOX 50268 MILLIANG, Try 1751-0628  Address (Give address to which approved copy of this form to be sens)  P. O. BOX 50268 MILLIANG, Try 1751-0628  Address (Give address to which approved copy of this form to be sens)  P. D. BOX 50268 MILLIANG, Try 1751-0628  Address (Give address to which approved copy of this form to be sens)  P. D. BOX 50268 MILLIANG, Try 1751-0628  Address (Give address to which approved copy of this form to be sens)  Address (Give address to	Unit Letter E	:1	757	_ Feet Pr	om The	North	ine and660	)1	Feet From The	Vest	Line	
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Varied of Authorized Trissporter of Casinghead Cas  (CPM Gas Corporation  Address (Oir actives to which approved copy of this form is to be sens)  4001 Pembrook  Odessa, TX 79762  Vest produces of or liquids,  Use it seeds of or sense of the composition of the control of use of the control of use of the control of use of pool.  When 7 11/55  Les production is commissible with that from any other lesse or pool.  Pesignate Type of Completion - (X)  Discompl. Ready to Prod.  Designate Type of Completion - (X)  Discompl. Ready to Prod.  Discompl. Ready to Prod.  Discompl. Ready to Prod.  Total Depth  P.B.T.D.  P.B.T.D.  P.B.T.D.  Les years of Producing Formation  Top OliCles Pay  Tubing Depth  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  L. 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?)  TEST DATA AND REQUEST FOR ALLOWABLE  L. 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?)  TEST DATA AND REQUEST FOR ALLOWABLE  L. 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?)  Test DATA AND REQUEST FOR ALLOWABLE  L. 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?)  Test DATA AND REQUEST FOR ALLOWABLE  L. 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?)  Test DATA AND REQUEST FOR ALLOWABLE  L. 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?)  Test DATA AND REQUEST FOR ALLOWABLE  L. WELL  (Test must be after recovery of total volume of load oil and must	Texaco Trading & Tr	ansporta	tion									
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this production is commission with that from any other lease or pool, give communating order number  V. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well  Date Compl. Ready to Prod.  Certaions (DF, RKB, RT, GR, stc.)  Name of Producing Formation  Top Oil/Oss Pay  Tubing Depth  TOTAL Depth  P.B.T.D.  P.B.T.D.  P.B.T.D.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  P.B.T.D.  P.B.T.D.  P.B.T.D.  P.B.T.D.  Total Depth  P.B.T.D.  P.B.T	f well produces oil or liquids, ve location of tanks.	,	•			o. Is gas actu	ally connected?		n 7	, , , , ,	·	
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Date Compl. Ready to Prod.  P.B.T.D.  P.B.T.D.  P.B.T.D.  Top Ol/Cas Pay  Tubing Depth  Tubing Depth  Tubing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  L. WELL  (Isst must be after recovery of local volume of local oil and must be equal to or exceed top allowable for this depth or be for full 24 hours:)  Test New Oil Rus To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Water - Bbis.  Case MCF  Oil - Bbis.  Water - Bbis.  Oas- MCF  OPERATOR CERTIFICATE OF COMPLIANCE hereby of this be of from the sadd regulation of the Oil Conservation pivison have been complete to the best of my forowiedge and bestied.  Date of Test  OIL CONSERVATION DIVISION  MAR 3 0 1992  By ORIGINAL SIGNED BY  MAR 3 0 1992  By ORIGINAL SIGNED BY  MAR WELLARDS  Title SUPERVISOR, DISTRICT IN  Title SUPERVISOR, DISTRICT IN  Title SUPERVISOR, DISTRICT IN  Title SUPERVISOR, DISTRICT IN	Designate Type of Completion	. ~	Oil Well	10	as Well	New Wel	Workover	Deepen	Plug Back   Sam	e Res'v	Diff Rady	
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Date of Test Producing Method (Flow, pump, gas lift, etc.)  Tubing Pressure Casing Pressure Choke Size  Water - Bbls. Gas- MCF  AS WELL  Water - Bbls. Condensate/MMCF Gravity of Condensate  Ing Method (pitot, back pr.) Tubing Pressure (Shut-in)  OPERATOR CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation pivision have been compiled with and that the information given above in true and complete to the best of my knowledge and belief.  Date Approved MAR 3 0 1992  By ORIGINAL SIGNED BY MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19	L WELL (Test must be after t	ecovery of lou	al volume of	load oil	and must	be equal to or	exceed top allo	wable for this	depth or be for full	24 hours	}	
Lasing Pressure  Choke Size  Choke Size  Water - Bbls.  Case MCF  AS WELL  Length of Test  Ing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OPERATOR CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation hivision have been complied with and that the information given above to the and complete to the best of my knowledge and belief.  Date Approved  Bbls. Condensate/MMCF  Gravity of Condensate  OIL CONSERVATION DIVISION  Date Approved  MAR 3 0 1992  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19	te First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pur	np. gas lift, el	c.)		<del>/</del>	
Lasing Pressure  Choke Size  Choke Size  Water - Bbls.  Case MCF  AS WELL  Length of Test  Ing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OPERATOR CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation hivision have been complied with and that the information given above to the and complete to the best of my knowledge and belief.  Date Approved  Bbls. Condensate/MMCF  Gravity of Condensate  OIL CONSERVATION DIVISION  Date Approved  MAR 3 0 1992  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19	noth of Test		·									
AS WELL  Just Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OPERATOR CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation pivision have been complied with and that the information given above it rue and complete to the best of my knowledge and belief.  Date Approved  MAR 3 0 1992  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19		Tubing Presi	erité			Casing Press	11.0		Choke Size			
AS WELL  usal Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  OPERATOR CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation division have been complied with and that the information given above if the and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION  MAR 3 0 1992  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  3/27/92  (505) 397-3596  Title  SUPERVISOR, DISTRICT 19	ual Prod. During Test	Oil Phia			Water Phila							
Definition have been complied with and that the information given above to true and complete to the best of my knowledge and belief.  Mohammed Yamin Merchant  Title  3/27/92  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  MAR 3 0 1992  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT 19	•	Oil - Bois.				Water - Dolf			GM- MCF			
Definition have been complied with and that the information given above to true and complete to the best of my knowledge and belief.  Mohammed Yamin Merchant  Title  3/27/92  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  MAR 3 0 1992  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT 19	AS WELL	1	·	·····		L						
Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OPERATOR CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation division have been complied with and that the information given above strue and complete to the best of my knowledge and belief.  Date Approved  MAR 3 0 1992  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT 19		II anoth of Ta										
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OPERATOR CERTIFICATE OF COMPLIANCE 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.  Date Approved  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IN  Title SUPERVISOR, DISTRICT IN	ng Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Oroke Size			
hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above thrue and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF  Title SUPERVISOR, DISTRICT IF						(Silas la)			GIOGE SIDE			
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Date Approved    Date Approved	Vision have been complied with and that the information given above					OIL CONCERVATION DIVISION				i		
ignature  Mohammed Yamin Merchant President  Mike Williams  Title  3/27/92 (505) 397-3596  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT IF	true and complete to the best of my knowledge and belief.					Data Approved MAR 3 0 1992						
Mohammed Yamin Merchant President  Title Supervisor, District If  3/27/92 (505) 397-3596  Title Supervisor, District If	110 400					Date Approved						
Mohammed Yamin Merchant President  Title Supervisor, District If  3/27/92 (505) 397-3596  Title Supervisor, District If						D.,	OBIO	NIAL CICI	UED DV			
Title SUPERVISOR, DISTRICT I9  3/27/92 (505) 397-3596	Walanama di Manada Manada di											
3/27/92 (505) 397-3596   IIIII	rinted Name Title					CHOCKER COD DICTRICT IS						
Telephone No.		(505)	397-35	96		11118_			2.0.11101 11			
	att		Telepho	ne No.					-ş -/15			

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.