

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Enr Minerals and Natural Resources Departmen.

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator PENROC OIL CORPORATION Well API No. 30-025-23248
Address P. O. BOX 5970 HOBBS, NM 88241-5970
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☒ Change in Operator ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) Effective May 1, 1992
If change of operator give name and address of previous operator Snyder Oil Corporation 801 Cherry St, Suite 2500 Ft. Worth, TX 76102

II. DESCRIPTION OF WELL AND LEASE

Lease Name Desoto State Well No. 1 Pool Name, Including Formation Tulk-Penn Kind of Lease State, Federal or Fee K-258
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line
Section 35 Township 14 S Range 32 E , NM PM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Enron Oil Trading & Transportation Corp. Effective 1-1-92 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188 Houston, Texas 77251-9931
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corp. Effective 1-1-92 Address (Give address to which approved copy of this form is to be sent) P. O. Box 67 Monument, NM 88265
If well produces oil or liquids, give location of tanks. Unit D Sec. 35 Twp. 14 S Rge. 32 E Is gas actually connected? Yes When? 11/10/69
If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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

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.)
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
Initial Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

AS WELL

Initial 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

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 Pres. & CEO
Dated May 4, 1992 Title (505) 397-3596
State Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 05 '92
By Paul Kautz Geologist
Title

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.