

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PENROC OIL CORPORATION		Well API No. 30-025-20293
Address P.O. Box 5970, Hobbs, NM 88241		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA "403" STATE	Well No. 6	Pool Name, Including Formation MID VACUUM DEVONIAN	Kind of Lease State, Federal or Fee	Lease No. E-1582
Location				
Unit Letter B	660	Feet From The NORTH	Line and 1980	Feet From The EAST
Section 17	Township 18S	Range 35E	NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)			
TEXAS NEW MEXICO PIPELINE	P.O. Box 2528, Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
PHILLIPS PETROLEUM 66 NATURAL GAS	Room 710, Phillips Bldg., Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 17	Twp. 18	Rge. 35
				Is gas actually connected? Yes
				When? 12.2.63
If this production is commingled with that from any other lease or pool, give commingling order number: No				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded Dec. 11, 1989	Date Compl. Ready to Prod. Jan. 24, 1990		Total Depth 11,725		P.B.T.D. 11,725'			
Elevations (DF, RKB, RT, GR, etc.) 3943' GR	Name of Producing Formation DEVONIAN		Top Oil/Gas Pay 11,642'		Tubing Depth 6013'			
Perforations 11,642' - 11,672'					Depth Casing Shoe 11,776			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		402'		circ-Surface			
12 1/4"	9 5/8"		4000'		965'-FS			
8 3/4"	7 5/8"		3849'-10,425'		3849'			
6 1/2"	5" Liner		10,318 - 11,776		10,318'			

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 1.24.90	Date of Test 1.24.90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 18 hrs.	Tubing Pressure 100"	Casing Pressure 50"	Choke Size -
Actual Prod. During Test 7.300	Oil - Bbls. 260	Water - Bbls. 40	Gas- MCF 40

GAS WELL 24 hrs. 347 Bbl			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Mohammed Yamin Merchant
Signature
MOHAMMED YAMIN MERCHANT - Pres.
Printed Name
1/25/90 Title
(505) 397-3596
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 26 1990**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
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.

RECEIVED

JAN 26 1990

OCB
HOBBS OFFICE