

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

OIL CONSERVATION DIVISION

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. **Operator** PENROC OIL CORPORATION **Well API No.** 30 025 04413

Address P.O. Box 5970, Hobbs, NM 88241-5970

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well **Change in Transporter of:**

Recompletion **Oil** **Dry Gas** Effective Nov. 1, 1993

Change in Operator **Casinghead Gas** **Condensate**

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.C. Popeano Federal **Well No.** 2 **Pool Name, including Formation** Eumont Yates 7 River Run **Kind of Lease** State (Federal) or Fee **Lease No.** LC 048741(6)

Location

Unit Letter H **AC-2** **1980'** **Feet From The** NORTH **Line and** 660 **Feet From The** East **Line**

Section 35 **Township** 20 S **Range** 36 E **NMPM** **Lea** **County**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOT Energy Corp. **Address (Give address to which approved copy of this form is to be sent)** Box 4666, Houston, TX 77210-4666

Name of Authorized Transporter of Casinghead Gas GPM Gas Corp. **Address (Give address to which approved copy of this form is to be sent)** 4001 Penbrook, Odessa, TX 79767

If well produces oil or liquids, give location of tanks. **Unit** G **Sec.** 35 **Twp.** 20 S **Rge.** 36 E **Is gas actually connected?** Yes **When?** N/A

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

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 _____ **Date of Test** _____ **Producing Method (Flow, gas lift, etc.)** _____

Length of Test _____ **Tubing Pressure** _____ **Casing Pressure** _____ **Choke Size** _____

Actual Prod. During Test _____ **Oil - Bbls.** _____ **Water - Bbls.** _____ **Gas - MCF** _____

GAS WELL

Actual 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** _____

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.

M.Y. Merchant
 Signature
M.Y. Merchant, President
 Printed Name
11-10-93 (505) 397-3596
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 29 1993

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.