

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator: PENROC OIL CORPORATION

Address: P.O. BOX 5970, HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box):  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Casinghead Gas  
 Dry Gas  
 Condensate

Other (Please explain): OCTOBER 1, 1988

If change of ownership give name and address of previous owner: APOLLO OIL COMPANY, P.O. BOX 1737, HOBBS, NEW MEXICO 88241

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>N.M. "CE" STATE NCT-1</u>	Well No. <u>2</u>	Pool Name, including Formation <u>EUMONT YATES 7-Rivers Qu</u>	Kind of Lease <u>State, Federal or Fee STATE</u>	Lease <u>e-328</u>
Location Unit Letter <u>F</u> : <u>1685</u> Feet From The <u>NORTH</u> Line and <u>1652</u> Feet From The <u>WEST</u> Line of Section <u>6</u> Township <u>19S</u> Range <u>37E</u> , NMPM, LEA				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO REFINING COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>DRAWER 159, ARTESIA, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 1589, TULSA, OKLAHOMA 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>6</u> Twp. <u>19S</u> Rge. <u>37E</u>	Is gas actually connected? <u>YES</u> When <u>3-19-58</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.

M. Y. Merchant

(Signature)

PRESIDENT

(Title)

OCTOBER 1, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Paul Kautz

TITLE Geologist

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.