

OIL CONSERVATION DIVISION

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

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. 30-025-26734
 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
 Change in Operator Casinghead Gas Condensate Effective date July 13, 1992
 If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Aztec 27 State Well No. 1 Pool Name, including Formation Eunice Monument GB-SA Kind of Lease (State) Federal or Fee Lease No. E5146
 Location
 Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line
 Section 27 Township 20S Range 36E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
PETRO SOURCE PARTNERS, LTD. Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Suite 900, Houston, TX 77042
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Pet Address (Give address to which approved copy of this form is to be sent) _____
 If well produces oil or liquids, give location of tanks. Unit K Sec. 27 Twp. 20S Rge. 36E Is gas actually connected? _____ When? _____
 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
 I. 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, pump, gas lift, etc.) _____
 Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

II. GAS WELL
 Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MCMCF _____ 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 President
 Printed Name Mohammed Yamin Merchant Title _____
 Date July 13, 1992 Telephone No. (505) 397-3596

OIL CONSERVATION DIVISION
 JUL 15 '92
 Date Approved _____
 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.