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NO. OF COPIES RECEIVED						
DISTRIBUTION	NEW	MEXICO OIL CONS	ERVATION COMMI	SSION	Form C-10	4
SANTA FE		REQUEST FOR ALLOWABLE			Supersede.	s Old C-104 and C-1
FILE /		AA			Effective	1-1-65
U.S.G.S.	ALITHODIZA	TION TO TRANSP		ATURAL CA	S	
LAND OFFICE						
OIL /		n is Operato				
TRANSPORTER		ng System.				
GAS		haser of the				ing for
OPERATOR	deliver	y of residue	gas at the	e Plant.	)	
PRORATION OFFICE					· 	
Operator						
Penroc Oil Corp	oration				<del></del>	
Address						
P. O. Box 1004	Midland, Tex	kas 79701		RE	CEIVE	
Reason(s) for filing (Check proj	ner box)		Other (Please	explain)		
New Well	Change in Trans	porter of:				^
Recompletion	Oil	Dry Gas		J	AN 3 1 196	p
Change in Ownership	Casinghead Gas	Condensate		_	,, ,, ,,	
					D. C. C.	
If change of ownership give n	iame			<u>A</u> I	RTESIA, DFFIC	F
and address of previous owne	er					
. DESCRIPTION OF WELL		W-11 M-   D-1 Mana Ta	a)udina Formation		Kind of Lease	<del></del>
Lease Name		Well No.   Pool Name, Ir	letuating Formation	Upper		State and
Indian-Federal	Gas Com	1 Indian		Penn	State, Federal or	Federal
Location						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1980 Feet From The	North Line and	1080	Feet From Th	e Tact	
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1 to a of Cantian 30	Township 015					County
Line of Section 19	, Township 215	Range <b>24E</b>			Eddy	County
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. During Test

Actual Prod. Test-MCF/D

**GAS WELL** 

III.

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Length of Test

Tubing Pressure

Abwiggell	
Howigzell	
(Signature)	
Vice President	
(Title)	
January 27, 1966	
(Date)	

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

Casing Pressure

APPROVED JAN 3 1 1966	19
BY MI armstrong	
TITLE MARKET TO	<del></del>

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

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

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

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

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