Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

Operator

## State of New Mexico .gy, Minerals and Natural Resources Departme

Form C-104
Revised 1-1-89
See Instructions
RECEIVED at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

JAN 2 1 1992 O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		1				""	H WELLIA			
PENROC OIL COR	PORATION	<u> </u>					30 01	5 05896		
Address P. O. BOX 5970		bbs, Ne	w Mexico	88241-59	70					
Reason(s) for Filing (Check proper box	x)				ther (Please exp	olain)		<del></del>		
New Well			Transporter of:	7						
Recompletion	Oil		Dry Gas 💄	<u>)</u>	Effect	ive: J	anuary 1	6, 1992		
Change in Operator X	Casingher	d Gus 📋 (	Condensate	]						
f change of operator give name and address of previous operator	exaco Ex	ploration	on & Prod	luction I	nc. P.	O. Box	730 Hob	bs, NM 8	8240-25	
I. DESCRIPTION OF WEL	L AND LE	ASE							· · · · · · · · · · · · · · · · · · ·	
Lease Name Well No. Pool Name, Inc				uding Formation	)	Kin	d of Lease	— i	esse No.	
EDDY AG A STA	TE	1	MASON	DELAWARE	, NORTH		Pederal or F		88300	
Unit LetterD	:6	60 F	est From The .	North L	ne and	560	Feet From The	West	Line	
Section 36 Town	thip 26s	R	lange 31E		імрм,		Ed		County	
II. DESIGNATION OF TRA	NCPODTE	D OE OU	A NTO NI A TE	Y 170 4 Y . O . O						
ame of Authorized Transporter of Oil		or Condensa	AND NAT	URAL GAS	<del></del>					
Scurlock Permian	X	v. 0000000	<b>"</b>	Address (C)	we address to w					
lame of Authorized Transporter of Cas	inghead Gas	[X] o	P=: C== [		Box 1183		on, TX	77251-11	L83	
Phillips 66 Natura	r Dry Gas	Address (Gir	we address to w	hich approve	d copy of this form is to be sent)					
well produces oil or liquids	roduces oil or liquids.				Penbrook		sa, TX 79762			
ve location of tanks.	1000 of tanks. C 36 1 265 1 3 11				ge. Is gas actually connected? When			a <b>?</b> 04/55		
this production is commingled with the COMPLETION DATA	from any other	er lease or poo	ol, give commin	gling order num	ber:		- 04	1/33		
Designate Type of Completion	1 - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded		Ready to Pro	od.	Total Depth	L	<u> </u>	<u> </u>		<u>i</u>	
		, , , , , , , , , , , , , , , , , , , ,	-	, san Depar			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
riorations										
							Depth Casing	Shoe		
	π	JBING, CA	SING AND	CEMENTIN	JC PECODI		<u></u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				DAOKO OFILENT		
					OLF IN SET	<del></del>	<u>s</u>	ACKS CEME	NT .	
				†					<del></del>	
				1			<del> </del>		<del></del>	
TEST DATA AND REQUES	ST FOR AL	LOWABL	Æ							
WELL (Test must be after re First New Oil Run To Tank	ecovery of total	volume of loc	ad oil and musi	be equal to or e	exceed top allow	able for this	depth or be fo	e full 24 hours	,	
e First New Oil Run To Tank	Date of Test			Producing Met	hod (Flow, pur	p, gas lift, e	c.)	Juli 24 NOWS.	<del>/</del>	
gth of Test					•		·			
501 OF 108	Tubing Pressure			Casing Pressure			Choke Size			
ual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF			
S WELL						<u> </u>	·		*	
al Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			densale		
ng Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
To serve (pilot) sack pr.,							Choke Size			
OPERATOR CERTIFICA	ATE OF C	ON/DI IA	NICE							
hereby certify that the rules and regular	ions of the Oil	Consensation	l :	01	L CONS	SERVA		MOISINI	l	
1VISION have been complied with and that the information given above							110110	14101014	i	
true and complete to the best of my knowledge and belief.				Date ApprovedJAN 2 2 1992						
122. 01.	A francisco	. 6		Date A	hhioned		20 20	3 <b>76</b>		
grapure Spein phonocal				By ORIGINAL SIGNED BY						
Mohammed Yamin	MIKE VILLIAMS									
inted Name		Title		Title	SUPER	/ISOR, D	STRICT IF			
1/16/92	(505)	397-3596		11116	<del></del>	<del></del>		<del></del>		
•••		Telephone !	No.							

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.