

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	PENROC OIL CORPORATION	Well API No.	30-025-03627
----------	------------------------	--------------	--------------

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

Reason(s) for Filing (Check proper box)	<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
	<input checked="" type="checkbox"/> Change in Operator	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of operator give name and address of previous operator Meteor Developments, Inc. 511 16TH ST. Suite 400, Denver, CO 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name	11. D. Sawyer	Well No.	1	Pool Name, including Formation	Cross Roads Silurian Devonian	Kind of Lease	State, Federal or Fee	Lease No.	
Location	Unit Letter A : 660 Feet From The East Line and 660 Feet From The North Line								
	Section 33	Township 9 S	Range 36 E	, NMPM,			Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)				
N/A Water Disposal well	<input type="checkbox"/>					
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
	<input type="checkbox"/>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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, pump, 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 (puot, 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.

Signature M. Y. Merchant Recordant
Printed Name
Date 2/2/94
Telephone No. (505) 397-3596

OIL CONSERVATION DIVISION

Date Approved FEB 23 1994

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.