- ubmit 5 Conies peropriate District Office <u>STRICT 1</u> .O. Box 1980, Hobbs, NM 88240	-				w Mexico ral Resources Departmen. FION DIVISION				Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
ISTRICT II O. Drawer DD, Astenia, NM 88210		1		P.O. Bo	x 2088				
ISTRICT III JOO Rio Brazos Rd., Aztec, NM 87410		1		e, New Me					
						AUTHORI			
Sperator		<u>                                       </u>		0			Well A	PI No.	
PENROC OIL CORPOR	ATION	- <u> </u>							
P.O. BOX 5970, HO	BBS, NM	8824	11			es (Please expl			
Ceason(s) for Filing (Check proper box)		Change	in Trans	porter of:			·	1000	
Lecompletion	Oil Casinghea	∣!L Gas⊺	Dry C	Gas 🛄	Effe	ctive:	August 1	., 1989	
					CHIGAN,	HOBBS,	NEW MEXI	CO 88240	
DESCRIPTION OF WELL									·
	Well No. Pool Name, Inclu				Sure			f Lesse Federal or Fee	Lease No. OG-5084
STATE II-23				SCALERO/	SAN ANDI				09-3084
Unit Letter	_ :1	9 <del>80 - (</del>	; (c: Feet )	From TheN	ORTH Lin	e and!	980- <u>660</u>	et From The WE	ST Line
Section 23 Townsh	in 105		Rang	<b>c</b> 32E	N	мрм,		LEA	County
I. DESIGNATION OF TRAI		R OF			RAL GAS				
iame of Authorized Transporter of Oil	XX	or Cond			Address (Giv			copy of this form TX 75221	i is to be sent)
MOBIL PIPELINE	OF Authorized Transporter of Casingheed Gas				P.O. BOX 900, DALLAS, TX 75221 Address (Give address to which approved copy of this form is to be sent)				
WARREN PETROLEUM CORP	ETROLEUM CORP.					X 1587,	TULSA, (		
well produces oil or liquids, ve location of tanks.	D Unix	<b>\$ec.</b> 23	<b>Twp.</b>	<b>Rge</b> 32	is gas actually YES	y connected?	, <u>3-10-66</u>		
this production is commingled with that	from any oth	ier lesse c	r pool, s	give comming!	ing order num	ber:			
V. COMPLETION DATA	<u></u>	Oil We	ш [	Gas Well	New Well	Workover	Deepen	Plug Back St	me Res'v Diff Res'v
Designate Type of Completion	Dels Com	l al Basdy	In Prod		Total Depth	1	<u> </u>	P.B.T.D.	I
and Spudded		ja. John y	<i>w</i> not	•	•				_,
systices (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	
writerations	<u> </u>	. <del></del>						Depth Casing S	ihoe
			T. CAS	SING AND	CEMENTI	NG RECOF	b		
HOLE SIZE					DEPTH SET			SACKS CEMENT	
						<u></u>			
TEST DATA AND REQUE	ST FOR	ALLOV	VABL	E	L	<u>, , , , , , , , , , , , , , , , , , , </u>		ł	
IL WELL (Test must be after	recovery of u	otal volum	u of loa	d oil and must	be equal to or Producing M	r exceed top all lethod (Flow, p	owable for this unp, gas lift, e	e depth or be for uc.)	fuli 24 hours.)
ale First New Oil Run To Tank	Date of Test							Choke Size	
ength of Test	Tubing Pr	Tubing Pressure				Casing Pressure			
Actual Prod. During Test	Oil - Bols.				Water - Bbis.			Gas- MCF	
			- <u>-</u>					.L	
GAS WELL Accual Prod. Test - MCF/D	Length of	Test			Bbis. Conder	nsate/MMCF		Gravity of Cos	densate
					Casing Pressure (Shut-in)			Choke Size	
esting Mothod (pilat, back pr.)	Tubing Pressure (Shut-in)							·	
L OPERATOR CERTIFIC	CATE OI	F CON	<b>IPLIA</b>	NCE			NSERV	ATION D	IVISION
I hereby certify that the rules and reg Division have been complied with an	d that the info	ormatica g	given abo	) DVC	`				2 1989
is true and complete to the best of my	knowledge	ad belief.			Date	e Approve	ed		
1At 4	-44	_	_ /		D.				
Signature Mohammed Yamin Merchant - President					<sup>□</sup> y_	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
Primed Name July 31, 1989		5) 39	Title	)	Title	)			<u></u>
Date	(33		elephone						

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.

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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.