

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

OIL CONSERVATION DIVISION

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

Operator <u>PENROC OIL CORPORATION</u>		Well API No. <u>3002504414</u>
Address <u>P.O. Box 5970, Hobbs, NM 88241-5970</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <u>Effective Jan. 1, 1993</u>		
If change of operator give name and address of previous operator <u>EXXON CORPORATION, P.O. Box 1600, Midland, TX 79702-1600</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>EUMONT GAS Com 3</u>	Well No. <u>1</u>	Pool Name, including Formation <u>EUMONT GAS</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <u>91-002897 NM 62668</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>35</u> Township <u>20-S</u> Range <u>36-E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>N/A</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>SID RICHARDSON CARBON & GASOLINE CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 MAIN STREET, FT. WORTH, TX 76102</u>	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. <u>- - - -</u>	Is gas actually connected? <u>Yes</u>	When? <u>11.1.91</u>

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					

HOLE SIZE	TUBING, CASING AND CEMENTING RECORD 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 the First New Oil Run To Tank)		Date of Test		Pressure (Flow, pump, gas lift, etc.) <u>exceed top allowable for this depth or be for full 24 hours.</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF		

GAS WELL		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	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 M. Y. Merchant
Printed Name M. Y. Merchant Title President
Date 12/31/92 Telephone No. (505) 397-3596

OIL CONSERVATION DIVISION DEC 31 '92	
Date Approved	By <u>ORIGINAL SIGNED BY JERRY SYMON</u>
	<u>DISTRICT I SUPERVISOR</u>
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.

RECEIVED
DEC 31 1992
JCD HOBBS OFFICE