

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. **REGULATORY INFORMATION**
TO TRANSPORT OIL AND NATURAL GAS

Operator Penroc Oil Corporation Well API No. 30-D25-11640

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

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☒ Dry Gas ☐ Effective Nov. 1, 1993
 Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator [REDACTED]

II. DESCRIPTION OF WELL AND LEASE

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Lease Name South Langlie Jal Unit	Well No. 19	Pool Name, Including Formation Jalmat Yates 7 - Rivers	Kind of Lease State, Federal or <u>Fee</u>	
Location				
Unit Letter <u>F</u>	: 1980	Feet From The <u>North</u> Line and	1980	Feet From The <u>West</u> Line
Section <u>17</u>	Township <u>25S</u>	Range <u>37E</u>	<u>NMPM</u> Lea Country	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Address (City, State, Zip)	Address (City, State, Zip)

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)				
EOTT Energy Corp.		P. O. Box 4666 Houston, TX 77210-4666				
Name of Authorized Transporter of Compressed Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)				
Sid Richardson Carbon & Gasoline Co.		201 Main Street, Ft. Worth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	N/A

If this production is commingled with
IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		

VL 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 Mohammed Yamin Merchant	President
Printed Name 11-10-93	Title (505) 397-3596
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 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.

1. The first part of the document is a list of names and addresses of the members of the committee.