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

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

OIL CONSERVATION DIVISION

State of New Mexico

Et 69, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
REGENTATOF Pag

APR E WI

DISTRICT III		Sa	ina re	, 146M 141	CAICO 0750	74-2000			APR 2	ÄU	
1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI			A <i>C t</i>	is a	
I		TO TRA	NSP(ORT OIL	AND NA	TURAL GA	AS	API No.	مد	FICE	
Operator							Mett	API NO.	mese, o	TICE	
Penroc Oil Corporati	on										
P.O. Box 5970, Hobbs	New '	Mexico	882	41		•					
Reason(s) for Filing (Check proper box)	,				Oth	er (Please expli	ain)				
New Well		Change in	Transpo	rter of:	_						
Recompletion	Oil	X	,								
Change in Operator	Casinghe	ad Gas	Conden	sate							
If change of operator give name and address of previous operator		- ,									
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No. Pool Name, Includi						f Lease No.			
Elliott Federal		2	Lin	da-San	Andres		State,	Federal or Fee	LC-06	58127	
Location Unit Letter		2 <i>310</i> 330.	. Feet Fr	om The	South Lin	380 -380 -380	Po Po	et From The	West	Line	
Section 29 Township	, 68		Range	26E	, N	мрм, с	haves			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil 📉 or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Enron Oil Trading & Tr		<u>tation</u>						n, Tx 772			
Name of Authorized Transporter of Casing N/A	phead Gas		or Dry	Gas	Address (Giv	e address 10 wi	hich approved	copy of this for	'm is 10 be se	<i>nu)</i>	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 29	Twp.	Rge.	Is gas actually connected?			/hen ? N/A			
If this production is commingled with that i		<u> </u>		┸	1						
IV. COMPLETION DATA	·····										
D		Oil Well		ias Well	New Well	Workover	Deepen	Plug Back	same Res'v	Diff Res'v	
Designate Type of Completion		1			Total Depth	<u> </u>	<u> </u>				
Date Spudded	Date Com	Date Compi. Ready to Prod.			Total Dopal			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations					d		· - '+-	Depth Casing	Shoe		
		TIRING	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE						DEPTH SET		SACKS CEMENT			
								Post ID-3			
								4-6-90 CAD LT: NRC			
								cha	LT: N	<u> </u>	
V. TEST DATA AND REQUES	TFOR	LLOW	ABLE		L			~_			
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	owable for this	s depth or be for	full 24 how	·s.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	I			-,	I			<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				CE		OIL CON	ISERV	ATION E	IVISIC	N	
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.					Date ApprovedAPR 4 1990						
lette of the	ech-	- f		. <u> </u>		• •		SIGNED B	Υ		
Signature M. Y. (Merch) Merchant President					By MIKE WILLIAMS SUPERVISOR, DISTRICT IT						
Printed Name	1	505)39	Title 7_350	16	Title						
_ 3/29/90 Date			phone N			- Britain	سهدين الأوانيون الأوانيون	স্ট্রিক _ব র ক্রিকিট্রনের ভালত বার্ টিক	· · · · · · · · · · · · · · · · · · ·		

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.