NO. OF COPIES RECEIVED		16	6	
SANTA FE		1		
FILE		1	_	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	/		
OPERATOR		2		
5505 A TION OFFICE				

	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE /	4	AND			
	U.S.G.S.	$_{\perp}$ AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS		
	LAND OFFICE	4				
	TRANSPORTER OIL / GAS /					
	OPERATOR 2					
1.	PRORATION OFFICE					
	Operator		037			
PENROC OIL CORPORATION V						
	Address P.					
	leason(s) for filing (Check proper box) Other (Please explain)					
		New We!l Change in Transporter of:				
	Recompletion	Oil X Dry Gas	. 🗆			
	Change in Ownership	Casinghead Gas Conden	sate Change France	Contil Supeline		
			- 1 any james			
	If change of ownership give name and address of previous owner		0			
II. DESCRIPTION OF WELL AND LEASE						
	Lease Name	Well No. Pool Name, Including Fo	•			
	N. G. Phillips-State	l Artesia (Q. G.	S. A.) State, Feder	od or Fee State B-2071		
	Location					
	Unit Letter G : 231	O Feet From The East Line	e and 1650 Feet From	The North		
	Line of Section 27 To	wnship 17S Range	28E , NMPM,	Eddy County		
		TOP OF OUR AND MATURAL CA	c			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved)				oved copy of this form is to be sent)		
	1		P. O. Box 159, Artes	ia. New Mexico		
	Navajo Refining Co., Pipe Line Division Name of Author:zed Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleum Company		Boy 6666 Odiesa Texas Bartlesville, Oklahoma 79760			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	hen ,		
	give location of tanks.	J 27 17S 28E	Yes	9/1/60		
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	PC -156		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff Res'v.		
	Designate Type of Complet					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D		
	5/12/59	6/12/59	1970'	1961'		
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth		
	DF 3618	Grayburg	1869	1902'		
	Perforations	The state of the s	Depth Casing Shoe			
	1896' - 1904' and 1930' - 1942					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	10"	8-5/8"	4831	50		
	8"	5-1/2"	1961'	500		
		2" tubing	1902'			
			<u> </u>			
ΨV.	TEST DATA AND REQUEST FOR ALLOWABLE (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) RECENTIFICATION OF THE PROPERTY OF THE PRO					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas			
	Length of Test	Tubing Pressure	Casing Pressure	Choke SizeWOV 1 2 1969		
	Langui or rati	•		_		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF D. C. C.		
	IA, DEFIGE					
	GAS WELL			Complete of Comple		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Suare-rm)	Cilory Cray		
11	VI. CERTIFICATE OF COMPLIANCE			ATION COMMISSION		
41			NOV 1 2 1969			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED 12 1005, 19			
						above is true and complete to t
İ			TITLE			

(Signature)

Production Superintendent (Title)

November 7, 1969

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.