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DISTRIBUTIO	N		
SANTA FE		1	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		2)	
		T	

ŀ	DISTRIBUTION /		USERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE /		AND		
[U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS		
	LAND OFFICE				
	TRANSPORTER GAS /				
	OPERATOR 2				
1.	PRORATION OFFICE				
	Operator	Penroc Oil Corpor	ation /		
Address P. O. Drawer 831, Midland, Texas 79701					
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil X Dry Gas			
	Change in Ownership	Casinghead Gas Condens	ate [] Change from	Contil Lypeline	
	Change in Owner antip				
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND L	EASE	mation Kind of Lease	Lease No.	
	Lease Name	Well No. Pool Name, including 1 of	State Federal o	a D 2021	
	N. G. Phillips-State	5 Artesia (Q. G.	S.A.)		
	Location		1/50		
	Unit Letter J : 1650	Feet From TheSouth_Line	and 1650 Feet From The	east	
	27	17S Bange	28E , NMPM,	Eddy County	
	Line of Section Town	ship 175 Range	, Man of		
	DESIGNATION OF TRANSPORT	ED OF OUL AND NATURAL GAS			
III.	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which approve	d copy of this form is to be sent)	
	Navaio Rfg Co Pin	e Line Division	P.O. Box 159, Artesia,	New Mexico	
	Name of Authorized Transporter of Cast	nghead Gas 🔀 or Dry Gas	Address (Give address to which approved the 6666 Office		
	Phillips Petroleum C		Bartlesville, Oklahoma	1 29760	
		Unit Sec. Twp. Rge.	Is gas actually connected? When	1	
	If well produces oil or liquids, give location of tanks.	J 27 17S 28E	Yes	2/15/61	
	If this production is commingled with	that from any other lease or pool,	give commingling order number: P	C-156	
IV.	COMPLETION DATA			Plug Back Same Res'v. Diff. Bee'v.	
	Designate Type of Completion		New Well Workover Deepen	- American Company	
			Total Depth	P.B.T.D	
	Date Spudded	Date Compl. Ready to Prod.	20621	2057'	
	1/12/61	3/6/61	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	2024	2015	
	3654 GR	Grayburg	Commence of the Commence of th	Depth Casing Shoe	
	Perforations 2024' - 2034'				
	2024 - 2031	TURING CASING, AND	CEMENTING RECORD		
	101 5 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	8-5/8"	560	50	
	811	5-1/2"	2057	381	
	0	2" tubing	2015'		
T .1	. TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a)	ter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
•	OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	RECEIVE	
	Date First New Oil Run To Tanks	Date of Test	producing Method (1 tow, pamp, and to)		
			Casing Pressure	Choke Size NOV 1 2 1969	
	Length of Test	Tubing Pressure		1 2 1969	
		Oil-Bble.	Water-Bbls.	Ggs-MCF	
	Actual Prod. During Test	0.1-22.2.		ARTESIA D	
	l	1			
	GAS WELL Grayity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			15-4-15	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore size	
				TION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION NOV 1 2 1969			
I hereby certify that the rules and regulations of the Oil Conservation			1 A N 1000 19		
			APPROVED		
			BY W. a. Aresset		
	Commission have been compiled with and that the incommendation above is true and complete to the best of my knowledge and belief.		OIL AND GAS INSPECTOR		
			TITLE		
	Mit & about	•	This form is to be filed in o	compliance with RULE 1104.	
	/ / / A		If this is a request for allowable for a newly drilled or deepened		

(Signature)

(Date)

Production Superintendent

(Title)

November 7, 1969

well, this form must be accompanied by a tabulation of 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 transporten or other such change of condition.

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