

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	NAT
OPERATOR	
PERMISSION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-31-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
PENROC OIL CORPORATION

**Address**  
P.O. BOX 5970 HOBBS, NEW MEXICO 88241

**Reason(s) for filing (Check proper box)**

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

**Other (Please explain)**

If change of ownership give name and address of previous owner: MOBIL PRODUCING TEXAS AND NEW MEXICO 9 Greenway Plaza Houston Tx

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: PREMIER N. HAMILTON Unit Tr 5	Well No.: 3	Pool Name, including Formation: West Hamilton GB	Kind of Lease: State, Federal or Fee: Fee	Lease No.: LC-06946
Location				
Unit Letter: V	990	Feet From The: S	Line and: 330	Feet From The: W
Line of Section: 3	Township: 16 S	Range: 30 E	NMPM, Eddy County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> N/A WATER INJECTION WELL	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

Post ID-3  
18-23-87  
chg. ap

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.

*L. Pham-Ghien*  
(Signature)  
PRESIDENT  
(Title)  
10/2/87  
(Date)

OIL CONSERVATION DIVISION

OCT 19 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY: Les A. Clements  
TITLE: Supervisor District II

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 multiple completed wells.