

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

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	
<input type="checkbox"/> Recombination	<input type="checkbox"/> casinghead Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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 W. Henshaw Unit Tr 2	Well No. 1	Pool Name, including Formation Woit Henshaw GB	Kind of Lease Same, Federal or Fee Fed	Lease No. LC-06089E
Location Unit Letter 79 ; 4620 Feet From The S Line and 660 Feet From The East 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 10-23-87 chg op

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.

Phacca Smith Jackson
(Signature)
PRESIDENT
(Title)
10/2/87
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 19 1987**, 19
BY Original Signed by
Les A. Clement
TITLE Supervisor District 17

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 deviated 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.