

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	
PROMOTION 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)

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

Other (Please explain) P & T

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PREMIER</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Wet Henshaw GB</u>	Kind of Lease <u>Fed</u>	Lease No. <u>46-06946</u>
Location				
Unit Letter <u>B</u>	: <u>330</u> Feet From The <u>N</u> Line and <u>2308</u> Feet From The <u>E</u>			
Line of Section <u>10</u>	Township <u>16 S</u>	Range <u>30 E</u>	NMPM, <u>Edley</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NAVAJO REFINING CO. PIPELINE DIVISION</u>	<u>DRAWER 159 ARTESIA, NEW MEXICO 88210</u>
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)
<u>PHILLIPS 66 NATURAL GAS CO. Continental Comp. Co.</u>	<u>Box 460 Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>L</u> Sec. <u>3</u> Twp. <u>16</u> Rge. <u>30</u>	<u>Yes</u> <u>1-60</u> <u>10-23-87</u> <u>chg ap</u>

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.

Johan Quintanilla
(Signature)
PRESIDENT
(Title)
10/2/87
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 19 1987, 19 _____
Original Signed By
BY For 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 multiply completed wells.