

NO. OF LOPIED RECEIVED			
DISTRIBUTION			
SANTA FE		✓	
FILE		✓	✓
U.S.G.A.			
LAND OFFICE			
TRANSPORTER	OIL	✓	✓
	GAS		
OPERATOR		✓	✓
PRORATION OFFICE			

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

I. Operator
PENROC OIL CORPORATION ✓

Reason(s) for filing (Check proper box)

Other (Please explain)

MOBIL PRODUCING TEXAS AND NEW MEXICO

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
NE SQ LAKE, Unit 4	7	SQ LAKE GB-SA NORTH	State, Federal or Fee STATE	E-6484

Location

Unit Letter X : 660 Feet From The S Line and 660 Feet From The E

Line of Section 3 Township 16 S Range 31 E , NMPM, Eddy County

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)	
NAVAJO REFINING CO. PIPELINE DIVISION					DRAWER 159 ARTESIA, NEW MEXICO 88210	
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)	
PHILLIPS 66 NATURAL GAS CO.					PHILLIPS BLDG. BARTLESVILLE, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	10	16	31	Yes	NA Post ID-3

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

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.

APPROVED OCT 19 1987, 19 87

BY _____

TITLE _____

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, wall 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.