

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES 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

Form C-104  
Revised 10-01-78  
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)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:		
<input type="checkbox"/> Recompletion	<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	

If change of ownership give name and address of previous owner: MOBIL PRODUCING TEXAS AND NEW MEXICO 9600 Broadway Plaza North To

II. DESCRIPTION OF WELL AND LEASE

Lease Name NE SQ LAKE PREMIER UNIT	Well No. 2	Pool Name, including Formation SQ LAKE GB-SA North	Kind of Lease State, Federal or Fee Fed.	Lease No. 04421
Location Unit Letter R : 1650 Feet From The S Line and 1650 Feet From The E Line of Section 3 Township 16 S Range 31 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"/> NAVAJO REFINING CO. PIPELINE DIVISION	Address (Give address to which approved copy of this form is to be sent) DRAWER 159 ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) PHILLIPS BLDG. BARTLESVILLE, OK 74004
If well produces oil or liquids, give location of tanks. Unit C Sec. 10 Twp. 16 Rge. 31	Is gas actually connected? Yes When NA Post ID-3

If this production is commingled with that from any other lease or pool, give commingling order number: 10-23-82

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.

*[Signature]*  
(Signature)  
PRESIDENT  
(Title)  
10/2/87  
(Date)

OIL CONSERVATION DIVISION

OCT 19 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Let A. Clement  
Original Signed By

TITLE Supervisor District #

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 multiply completed wells.