

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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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:	<i>P&A</i>
<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	

Other (Please explain)

If change of ownership give name and address of previous owner: MOBIL PRODUCING TEXAS AND NEW MEXICO 9600 W. 1st St. Ft. Worth, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name NE SQA LAKE UNIT	Well No. 14	Pool Name, including Formation SQA LAKE GB-SA NORTH	Kind of Lease Federal	Lease No. 026332
Location Unit Letter C : 660 Feet From The N Line and 2310 W Feet From The W Line of Section 9 Township 16 Range 31 , 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.	Is gas actually connected? Post ID-3 10-23-87 <i>one of</i>

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.

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

OIL CONSERVATION DIVISION

OCT 19 1987

APPROVED _____, 19____
BY Original Signed 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 multiply completed wells.