-	NO. OF COPIES RECE	6		
1	DISTRIBUTIO			
	SANTA FE	1		
	FILE	/_		
	U.S.G.S.			
	LAND OFFICE			
	IRANSPORTER	OIL		
	TRANSPORTER	GAS		
	OPERATOR	2		
ι.	PRORATION OF			
	Operator			

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE  Operator  Penroc Oil Corpora  Address  P. O. Box 1004, Mi  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership  If change of ownership give name and address of previous owner	AUTHOR	REQUES	ST FOR ALI AND RANSPORT	Other (Please explain)  Change of Operator Castle and Wigzel:			1 to	
**	DESCRIPTION OF WELL AND L	.EASE							
	Lease Name	Well No. P	ool Name, Includir			ind of Lease tate, Federal or F	88	Lease No.	
	N. G. Phillips-Stat	e 9	Artesia	(O.G.SA	.)		State	B-2071	
	Unit Letter <u>H</u> ; <b>2263</b>	Feet From	The North	Line and	660	Feet From The _	East		
	Line of Section 27 Tow	nship 17	<b>S</b> Range	28E	, NMPM,		Eddy	County	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	er of OIL A	ND NATURAL densate	Address	(Give address to	which approved co	opy of this form is t	o be sent)	
	Continental Pipe I Name of Authorized Transporter of Cas.	ine Comp	any	Address	7. D. Box 410. Artesia Address (Give address to which approved cop			a. New Mexico	
	1	or Dry Gds	AR	CY 6666	-, Jey.				
	Phillips Petroleum If well produces oil or liquids,	Unit Sec.	Twp. Rge.	i	ctually connected				
	give location of tanks.	J 27	17S 28		Yes		5-3-63		
	If this production is commingled with COMPLETION DATA	h that from any	other lease or po	ool, give com		•	×C-156		
	Designate Type of Completio	ll New Well	l Workover	Deepen Plu	ig Back   Same Res	v. Diff. Res'v.			
	Date Spudded Date Compl. Ready to Prod.				epth	P.I	3.T.D.		
					Top Oil/Gas Pay Tubin				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Product	ing Formation	Top Oil/	'Gas Pay	l u.	bing Depth		
	Perforations					De	pth Casing Shoe		
		AND CEMEN	ITING RECORD						
	HOLE SIZE		TUBING SIZE		DEPTH SET	)	SACKS CEN	MENT	
V.	TEST DATA AND REQUEST FO	OR ALLOWAB	LE (Test must able for th	is depth or be:	for full 24 hours)		nust be equal to or	exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test		Producit	Producing Method (Flow, pump, gas lift, etc.)				
	ength of Test Tubing Pressure			Casing 1	Casing Pressure Cho			oke Size	
					Water-Bbls. Gar		26 - MCF		
	Actual Prod. During Test	water - B	wdier-Buis.						
		<u> </u>							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Co	ondensate/MMCF	Gr	avity of Condensate	,	
	Actual Float Test-Mol/D	Zen <b>y</b> m er rest							
	Testing Method (pitot, back pr.)	Tubing Pressure	e (Shut-in)	Casing	Pressure (Shut-	in) Ch	oke Size		
<b>1</b> /1	CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION				
¥1.					12.				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								
					TITLE				
	muf 1				This form is to be filed in compliance with RULE 1104.				
	(Signature)				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.				
	Production Supertinendent								
	(Title)								
	July 1 , 1967	well	name or number,	, or transporter, o	r other such chan	ge or condition.			
				comp	Separate Forms C-104 must be filed for each pool in multiply completed wells.				