NO. OF COPIES RECEIVED		16	
DISTRIBUTION			
SANTA FE		1	
FILE		$Z^{-}$	
U.S.G.S.		<u> </u>	L_
LAND OFFICE			
IRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR		34	
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	AND			
AUTHORIZATION TO	TRANSPORT OF	L AND I	NATURAL	<b>GAS</b>

	TRANSPORTER   OIL /     GAS	1						
	OPERATOR 5							
1.	PRORATION OFFICE			<u> </u>				
	PENROC OIL CORPOR ATION							
	Address	P. O. Drawer 83	1, Midland, T	exas 797	701			
	Reason(s) for filing (Check proper box	)	Other (Please	explain)				
	New Well	Change in Transporter of:						
	Recompletion	Oil X Dry Gas  Casinghead Gas Condens			anti f.			
	Change in Ownership	Casinghead Gas Condens	- Chang	1 proper	. Could fy	olan		
	If change of ownership give name and address of previous owner			<del></del>				
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including For	rmation	Kind of Lease		Lease No.		
	N. G. Phillips - State	9 Artesia (Q.G.	.S.A.)	State, Federal	or Fee State	B-2071		
		63 Feet From The north Line	and <u>660</u>	_ Feet From Ti	he east			
	Line of Section 27 To	wnship 17S Range	28E , NMPM,		Eddy	County		
IJ.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to	o which approve	ed copy of this form is t	o be sent)		
	Navajo Rfg. Co., Pipe		P. O. Box 1	59, Artes	sia, New <mark>M</mark> exi	co		
	Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Give address t)	o which approve	ed copy of this form is t	o be sent)		
	Phillips Petroleum Co	ompany	Bartlesville			19760		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 27 175 28E	is gas actually connecte yes	İ	5/3/63			
w	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool, a	give commingling order	number: P				
• ·	Designate Type of Complete	on - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	iv. Diff. Resiv.		
	Date Spudded Unknown	Date Compl. Ready to Prod. 2/6/63	Total Depth 6194	1	P.B.T.D. 1990'			
	Elevations (DF, RKB, RT, GR, etc.) 3662 DF	Name of Producing Formation Grayburg	Top Oil/Gas Pay	t	Tubing Depth 1960'			
	Perforations		L		Depth Casing Shoe			
	1956'-1964	1	Santage Commence		20461			
		TUBING, CASING, AND	CEMENTING RECOR	D	SACKS CEN	MENT		
	HOLE SIZE	CASING & TUBING SIZE	9631 by Pai		Unkno			
	7-7/8"	8-5/8" 4-1/2"	2046'	<u> </u>	75.	W 11		
	7-170	211, 2	1960'					
	and the second of the second o				<u>i                                     </u>	The Pales of		
V.	. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a) able for this de	fter recovery of total volu pth or be for full 24 hours	me of load oil a :)	and must be equal to or	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift	i, etc.)	VED		
	Length of Test	Tubing Pressure	Casing Pressure		Chok. WWV 1 2 1969			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCEJ, C. C.			
					OF-	ica <sub>2</sub>		
	Gravity of Condensate	<del>,</del> -						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC		Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut					
VI. CERTIFICATE OF COMPLIANCE  OIL CONSERVA						N		
	I hereby certify that the rules and	reby certify that the rules and regulations of the Oil Conservation		$\frac{100}{2}$	2 1969	, 19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					resseld			
				ON AND G	AS INSPECTOR	<del></del>		
	$\mathcal{A}$	$\mathcal{J}_{-}$		be filed in (	compliance with RUL	E 1104.		
	Mixale	ts.	as at the second for allowable for a newly drilled or deepened					
(Signature) Production Superintendent (Title)			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 and recompleted wells.					
							November 7, 1969	
		Date)						
		•	Separate Form completed wells.	.a C-104 mus!	f De Hied fol escu	han manihil		