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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 25 1971
O. C. C.
ARTESIA, OFFICE

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

Operator Penroc Oil Corporation	
Address P. O. Drawer 831, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-9-71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

Lease Name State	Well No. 2	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee	Lease No. B-4575
Location				
Unit Letter P	360	Feet From The South	Line and 330	Feet From The East
Line of Section 28	Township 17S	Range 28E	, NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 831, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 28	Twp. 17S	Rge. 28E	Is gas actually connected? No	When Waiting on connection

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
	X		X						
Date Spudded 12/14/70	Date Compl. Ready to Prod. 1/12/71		Total Depth 6158'		P.B.T.D. 6140'				
Elevations (DF, RKB, RT, GR, etc.) 3680 G. L.	Name of Producing Formation Abo		Top Oil/Gas Pay 5946'		Tubing Depth 5897'				
Perforations 5952'-6032'					Depth Casing Shoe 6157'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8" casing		614'		425 sacks				
7-7/8"	4-1/2" casing		6157'		500 sacks				
	2-3/8" O.D. tubing		5897'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks 1/8/71	Date of Test 1/19/71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 25 PSI	Casing Pressure 25 PSI	Choke Size Open
Actual Prod. During Test 202	Oil-Bbls. 190	Water-Bbls. 12	Gas-MCF 222 MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JAN 29 1971	
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.		APPROVED _____, 19____	
_____ (Signature)		BY <u>W. A. Gressitt</u> OIL AND GAS INSPECTOR	
V. P. Production (Title)		TITLE _____	
1/21/71 (Date)		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.	