

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
geology, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

ICN 600236  
Form 0104

Revised October 18, 19

Instructions on back  
Submit to Appropriate District C  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address <b>PENROC OIL CORPORATION P.O. BOX 5970 HOBBS, NM 88241-5970</b>		<sup>2</sup> OGRID Number <b>145295 17213</b>
<sup>4</sup> API Number <b>30-0 15-02627</b>		<sup>3</sup> Reason for Filing Code <b>CH EFF. 06/01/00</b>
<sup>5</sup> Pool Name <b>EMPIRE; ABO</b>		<sup>6</sup> Pool Code <b>22040</b>
<sup>7</sup> Property Code <b>26421</b>	<sup>8</sup> Property Name <b>STATE M-AI</b>	<sup>9</sup> Well Number <b>2</b>

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	6	18-S	28-E		949	SOUTH	990	WEST	EDDY

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	6	18-S	28-E		949	SOUTH	990	WEST	EDDY
<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 10/26/80	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
000734	AMOCO PIPELINE COMPANY 15 E. 5TH ST. TULSA, OK 74103		0	UL "M", SEC. 6, T-18-S, R-28-E
	AMOCO PRODUCTION COMPANY P. O. BOX 3092 HOUSTON, TX 77253		G	UL "M", SEC. 6, T-18-S, R-28-E

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description UL "M", SEC. 6, T-18-S, R-28-E
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V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method

<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

MOHAMMED Y. MERCHANT

Title: PRESIDENT

Date: May 17, 2000

Phone: 505-392-4681

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY TIM W. GUM

Title: DISTRICT II SUPERVISOR

Approval Date:

AUG - 2 2000

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

PHILLIPS PETROLEUM COMPANY (#017643)

Previous Operator Signature

L. M. SANDERS

Printed Name

SUPV., REGULATION/PRORATION

Title

Date

6/8/00

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change gas transporter  
RT Request for test allowable (Include volume requested)  
If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:  
O Oil  
G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
  23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
  24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
  25. MO/DA/YR drilling commenced
  26. MO/DA/YR this completion was ready to produce
  27. Total vertical depth of the well
  28. Plugback vertical depth
  29. Top and bottom perforation in this completion or casing shoe and ID if openhole
  30. Inside diameter of the well bore
  31. Outside diameter of the casing and tubing
  32. Depth of casing and tubing. If a casing liner show top and bottom.
  33. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
34. MO/DA/YR that new oil was first produced
  35. MO/DA/YR that gas was first produced into a pipeline
  36. MO/DA/YR that the following test was completed
  37. Length in hours of the test
  38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  40. Diameter of the choke used in the test
  41. Barrels of oil produced during the test
  42. Barrels of water produced during the test
  43. MCF of gas produced during the test
  44. Gas well calculated absolute open flow in MCF/D
  45. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.
  46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
  47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

RECEIVED