NO. OF COPIES RECEIVED	,			
DISTRIBUTION	NEW MEXICO ON CO	DISERVATION COMMISSION	Form C-104	
SANTA FE			Supersedes Old	C-104 and C-1
FILE /	RECEINED	AND	Effective 1-1-6	
	1			
U.S.G.S.	1	NSPORT OIL AND NATURAL O	AS	
LAND OFFICE	MAR 1 9 1971			
TRANSPORTER OIL / GAS	1			
OPERATOR (2)	D. C. C.			
PRORATION OFFICE	ARTESIA, OFFICE			
Operator		,		
Penasco Corporation	√			
Address Star Route East, Bo	_	Mexico 88210		
Reason(s) for filing (Check proper box		Other (Please explain)		
	Change in Transporter of:	. ,		
New Well	· —			
Recompletion	Oil Dry Gas	=		
Change in Ownership X	Casinghead Gas Condens	sate		
If change of ownership give name and address of previous owner	R.D.Collier Box389	Artesia, New	Mexico 88210	
DESCRIPTION OF WELL AND	LEASE	:		
Lease Name	Well No. Pool Name, Including For			Lease No.
Ginsberg	1 Shugart	State, Federa	or Fee Federal	070133
Location				
— • • • • • • • • • • • • • • • • • • •	Feet From The South Line	e and 1650 Feet From	The <u>East</u>	
Line of Section 8 To	wnship 185 Range 3	BIE , NMPM,	Eddy	County
Line of Section O To	wnship IOS Hange 3	7 100.00		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S		
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appro	ved copy of this form is	to be sent)
Texas-New Mexico Pi		Box 1510 Midlar	nd, Texas 7970	4
Name of Authorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is	to be sent)
Name of Authorized Transporter of Os				
		V Wh	en	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
give location of tanks.	0 8 18 31			
If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool, a	New Well Workover Deepen	Plug Back Same Re	s'v. Diff. Res'
Designate Type of Completi		1 1	1 1	1
		Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depti.		
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
	TUBING, CASING, AND		SACKS CE	MENT
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT
HOLE SIZE			SACKS CE	MENT
HOLE SIZE			SACKS CE	MENT
HOLE SIZE			SACKS CE	MENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
	CASING & TUBING SIZE	DEPTH SET		
7. TEST DATA AND REQUEST I	CASING & TUBING SIZE	DEPTH SET Ifter recovery of total volume of load oil spith or be for full 24 hours)	l and must be equal to or	
	CASING & TUBING SIZE	DEPTH SET	l and must be equal to or	
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OIL WELL Date First New Oil Run Te Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE FOR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure	fter recovery of total volume of load of epth or be for full 24 hours) Producing Method (Flow, pump, gas left) Casing Pressure	l and must be equal to or ift, etc.) Choke Size	exceed top all
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7. TEST DATA AND REQUEST ION WELL Date First New Oil Run Te Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	CASING & TUBING SIZE FOR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure Oil-Bbis.	fter recovery of total volume of load oil opth or be for full 24 hours) Producing Method (Flow, pump, gas left) Casing Pressure Water-Bbls.	I and must be equal to or lift, etc.) Choke Size Gas-MCF	exceed top all
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Agent

2-19-71

(Title)

(Date)

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