	1/		
NO. OF COPIES RECEIVED		F/	
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			<u> </u>
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	1	l
RANSPORTER	GAS		
OPERATOR		1	

-	DISTRIBUTION SANTA FE / FILE /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		SION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS OPERATOR / PRORATION OFFICE	AUTHORIZATION TO TRAP	NSPORT OIL AND NA	ATURAL GAS		
•	Operator Penasco Corporation					
	Address			RECEIVED		
	Star Route East, Box Reason(s) for filing (Check proper box)		New Mexico 88:	210		
	New Well	Change in Transporter of:		JUN 41971		
	Recompletion	Oil Dry Gas Casinghead Gas Condens	─ ── !			
i	Change in Ownership X	Cdatigliedd Gda Condon		ARTESIA, OFFICE		
	If change of ownership give name pa and address of previous owner	ton Brothers, % Juanita	Branan Carpo	er Building, Artesia, N.M.		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, including Fo	ermation	State, Federal or Fee States 125389		
	<u> </u>	2 Shugart		State, Federal of Fee State		
	Unit Letter / N ; 35	C Feet From TheLine	and 1980	Feet From The		
	Line of Section 9 Tow	mship 18 Range	31 , NMPM,	Eddy County		
		TOP OF OUR AND NATURAL CA	c			
II.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA	Address (Give address to	which approved copy of this form is to be sent)		
	Texas-New Mexico Pip	eline	Box 1510	Midland, Texas 79704 which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to	which approved topy of the joint of		
	If well produces oil or liquids,	Unit Sec. Twp. Page. M 9 188 31E	Is gas actually connected	When		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order	number:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic		1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations					
		TUBING, CASING, AND				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T SACKS CEMENT		
		ATTOWART OF A TOWARD AND A TOWARD AND A TOWARD AND A TOWARD A TOWA	for a construction of social walks	ne of load oil and must be equal to or exceed top allow-		
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours,			
OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
•	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bble.	174101 - 22331			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCI	Gravity of Condensate		
	Actual Ploa. 1001-1101/2			in) Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	Choire Size		
VI	CERTIFICATE OF COMPLIAN	ICE	OIL (CONSERVATION COMMISSION		
••			APPROVED	JUN 4 1971 19		
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.			2.1	11 a. Gressett		
			BY AND CAR INCOCATOR			
			11166			
			11	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
Cours C Collier (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Agent	·	ii tests taken on the	this form must be filled out completely for allow-		

(Title)

(Date)

2=19=71 6-2-71

All sections of this form must be filled out completely for allo able 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