| | NO. OF COPIES RECEIVED | - | | |
|------------|--|---|--|--|
| | DISTRIBUTION | NEW MEXICO OIL C | CONSERVATION COMMISSION | Form C-104 |
| | | | FOR ALLOWABLE | Supersedes Old C-104 and C-110 |
| | FILE | | AND | |
| | | | ANSPORT OIL AND NATURAL O | GAS |
| | LAND OFFICE | | | |
| | TRANSPORTER OIL / DEC 2 4 1970 | | | |
| | OPERATOR / | | | |
| 1. | PRORATION OFFICE | | | C. G. C. |
| | Operator | | | |
| | Penroc Cil Corporation V | | | |
| | Address | | | |
| | P. O. Drawer 831, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) | | | |
| | New We!! | Change in Transporter of: | | |
| | Recompletion | Oil Dry Ga | s Change of owners | hip effective 11-1-70 |
| | Change in Ownership | Casinghead Gas 📃 Conder | | • |
| | L | ···· | <u></u> | · · · · · · · · · · · · · · · · · · · |
| | If change of ownership give name and address of previous owner | Tenneco Cil Company, P. | 0. Box 1031, Midland, T | exas 79701 |
| | | | | |
| Ħ. | DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Federal Lease No. | | | |
| | | | State Federal | recerat |
| | Chio-Jones | o Lusk lates A | Eddy | <u> </u> |
| | Unit Letter E ; 650 Feet From The North Line and 1980 Feet From The East | | | |
| | | | | |
| | Line of Section 24 Township 19 South Range 31 East , NMPM, Eddy County | | | |
| | | | | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | S Address (Give address to which approv | and some of this form is to be same |
| | Name of Authorized Transporter of Oil | | 1 | nd, Texas 79701 |
| | The Permian Corpor | singhead Gas or Dry Gas | Address (Give address to which approx | |
| | Nome of Authorized Hunspoller of Car | | | |
| | | G 24 Twp. Rge. | Is gas actually connected? Whe | n |
| | If well produces oil or liquids, give location of tanks. | $\begin{array}{c c} \text{Unit} & \text{Sec.} \\ \textbf{G} & \textbf{24} & \textbf{19} \\ \end{array} \begin{array}{c} \text{Fge.} \\ \textbf{31} \end{array}$ | No | |
| | If this production is commingled with that from any other lease or pool, give commingling order number: | | | |
| | COMPLETION DATA | | ······································ | |
| | Designate Type of Completic | O(1 Well) Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. |
| | | <u></u> <u></u> | | P.B.T.D. |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.1.D. |
| | 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 | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| | | | | |
| | | | | |
| T 7 | | OP AT YOUARTE (Test must be g | fer recovery of total volume of load oil (| and must be equal to or exceed top allow- |
| ν. | IEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) | | | |
| | 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-Bbls. | | |
| | l | 1 | l | لـ <u>ـــــــــــــــــــــــــــــــــــ</u> |
| | 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 |
| | | | ļ | <u> </u> |
| VI. | CERTIFICATE OF COMPLIAN | CE | | TION COMMISSION |
| | | | DEC 24 1970 | |
| | 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 | |
| | | | BY | |
| | | | TITLE OIL AND GAS INSPECTOR | |
| | PENROC OIL CORPORATION | | | |
| | | | 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 acctions of this form must be filled out completely for allow- able on new and recompleted wells. | |
| | Ey & Muggle | | | |
| | (Signature) | | | |
| | <u>Secretary-Treasurer</u> (Title) | | | |
| | | | All contions of this form multiple on new and recompleted we | the filled out completely for allow- |
| | (Tu | :le) | able on new and recompleted we Fill out saly Sections I. II | lis. . III. and VI for changes of owner, |
| | | :le) | ble on new and recompleted we Fill out only Sections I, II well name or nember, or transport | Ill, and VI for changes of owner, er, or other such changes of condition. |