NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE R Effetive 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Penroc Oil Corporation Address P. O. Drawer 831, Midland, Texas Reason(s) for filing (Check proper box) 79701 Other (Please explain) Change in Transporter of: Oil Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ Tenneco Oil Company, P. O. Box 1931, Midland, Texas H. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease Nam Earton-Federal State, Federal or Fee Lusk Yates West 1 Location Feet From The North Line and 1980 C 660 Unit Letter 31 East , NMPM, 22 19 South Range Township Line of Section Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____

DEC 2 4 1970 D. C. C. ARTESIA Change of ownership effective 11-1-70 79701 Lease No. Federal LC-070242-A Feet From The West Address (Give address to which approved copy of this form is to be sent)

Box 3119 Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) When Is gas actually connected? Se 22 Rg31 Unit C Tw1.9 If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Bes'v. Diff. Res'v. Workover Gas Well New Well Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

V. TEST DATA AND REQUEST FOR ALLOWABLE

VI. CERTIFICATE OF COMPLIANCE

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.

| FYNNOS OLL CORPORATION Ev Holliggell | |
|---------------------------------------|---|
| (Signature) | |
| Secretary-Treasurer | _ |
| (Title) | |
| December 21, 1970 | |

(Date)

OIL CONSERVATION COMMISSION

DEC 24 1970

OIL AND GAS INSPECTOR

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 assistion 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.