## DISTRIBUTION SANTA FE 1.

## NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE AND

Form-C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL	FEB 2 7 1974				
1.	OPERATOR PRORATION OFFICE					
•	Operator Penroc Oil Corporation			0. 8. 8.		
	Address ARTESIA, OFFICE					
	P. O. Drawer 831, Midland, Texas 79701  Reason(s) for f:ling (Check proper box)  Other (Please explain)					
	New Well	Change in Transporter of:		RECITEST TE	STING ALLOWABLE OF	
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Conden					
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name Dero Federal A"Co	Well No. Pool Name, Including F		Kind of Led	ral of Fee Federal 0473362	
	Location					
	Unit Letter J; 1980 Feet From The South Line and 1980 Feet From The Rast					
	Line of Section 35 Township 198 Range 28R , NMPM, Eddy County					
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	is (C)	1:1:	The state for the land	
	Name of Authorized Transporter of Of	or Condensate	1		roved copy of this form is to be sent)  sia, New Mexico 88210	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleu	Unit Sec. Twp. Pige.		esville, Okl	when fired 5/20mCF	
	If well produces oil or liquids, give location of tanks.	J 35 198 28E	Ye		February 18, 1974	
	If this production is commingled win COMPLETION DATA	oth that from any other lease or pool,		gling order number: Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
	Designate Type of Completi	on – (X)	1	1 1 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	
	Perforations  9/35-9265  Depth Casing Shoe					
		TUBING, CASING, AN	D CEMENTIN		SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (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  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
		Tubing Pressure	Casing Pressure		Choke Size	
	Length of Test	I uping Piesswe				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls		Gas-MCF	
	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 Pres	ssure (Shut-in)	Choke Size	
	THE OF COURT IA	ICE	1	OIL CONSER'	VATION COMMISSION	
VI.	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 FEB 28 1974  BY W. a. Sressett		
			11			
			BY			
			TITLE	· · · · ·		
	B 0 00		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	Signature)		well, thi	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Vice-President (Title)		A11	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	· · · · · · · · · · · · · · · · · · ·			I and Vi for changes of owner,		
	February 26, 1974		well nam	well name or number, or transporter, or other such change of condition.		