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DISTRIBUTION	NEW MENIOD CO.		-	
ANTA FE	NEW MEXICO OIL CONSERVATION COMPSION REQUEST FOR ALLOWABLE		SION	Form C-104
TILE 1	\CQ0E31	AND		Supersedes Old C-104 and C-116 Effective 1-1-65
J.S.G.S.	AUTHORIZATION TO TR		ATIIDAI CAC	
LAND OFFICE		THE OIL OIL AID IN	ATURAL GAS	
TRANSPORTER OIL / GAS /		95	CEIVE	3
OPERATOR]	R E	G = 1 v = .	
PRORATION OFFICE				
Operator PENROC OIL CORPORA	ATION	JA	N 25 197/	
Address	ATION			
	Midland, Texas 79702		D. C. C.	
Reason(s) for filing (Check proper box,	· ·		rebia, Office	
New Well X		Other (Please e	xplain)	
Recompletion	Change in Transporter of: Oil Dry Go	Had	CT NO	2 4
Change in Ownership			C 2000	•٠.
	Casinghead Gas Conde	sate Fod	GT br	6
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND I				
Angell Ranch Comm.	, Well No. Pool Name, Including F		ind of Lease	Lease No.
Location Commis-	1 WINCHE	ster Morrow S	tate, Federal or Fee	Fee
	-			
Unit Letter B ; 198	BO Feet From The East Lin	e and <u>660</u>	Feet From The	North
Line of Section 33 Tow	vaship 19 S Range	28 E , NMPM,		Eddy County
		7 1107 101,	· · · · · · · · · · · · · · · · · · ·	Eddy County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		• • • • • • • • • • • • • • • • • • • •	Eudy County
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give address to a		of this form is to be sent)
Name of Authorized Transporter of Oil Navajo Crude Oil Purch	TER OF OIL AND NATURAL GA or Condensate X assing Company	S Address (Give address to a 501 E. Main, Ar	tesia, New M	of this form is to be sent) lexico 88210
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to or exceed top allow-OIL WELL 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	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF add LT+(3)	
GAS WELL		•	7	

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate CAOF 3,242 MCFPD 4 hrs 55° @ 60° 4 bbls - during Casing Pressure (Shut-in) test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size Back Pressure 2662# 11 - 18/64" Packer

I. 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.

52000	
(Signature) President	
(Title)	

(Date)

OIL CONSERVATION COMMISSION

APPROV	W.a. Gressett
TITLE	SUPERVISOR, DISTRICT, IL

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 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.

Consesta Forms C-104 must be filed for each and in multiply