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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

**CHANGE RECEIVED**

FEB 4 1966

OK

O. C. C.  
ARTESIA, OFFICE

I. Operator  
**Penroc Oil Corporation**  
Address  
**P. O. Box 1004, Midland, Texas**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒  
Other (Please explain)  
**Effective 2-1-66**  
*From Marathon oil co. & Midland Corp.*  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Indian - Federal Gas Com</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Indian Basin - Morrow</b>	Kind of Lease <b>State</b>	State <b>Ind.</b>
Location Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>19</b> , Township <b>21S</b> Range <b>24E</b> , NMPM, <b>Eddy</b> County			State, Federal or Fee <b>Federal</b>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS (SPLIT CONNECTION)

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 199, Artesia, New Mexico 88210</b>	
<b>Marathon Oil Company</b>	<b>Box 1324, Artesia, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>19</b>
	Twp. <b>21S</b>	Rge. <b>24E</b>
	Is gas actually connected? When <b>Southern Union - Yes 9-1-65</b> <b>Marathon Oil - No</b>	

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

*Amigzell*  
(Signature)  
*Sec. Tre*  
(Title)

February 2, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 10 1966

BY *ML Armstrong*  
TITLE *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 data on tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such changes.