

NO. OF WELLS	
DISTRIBUTION	
WARRANTY	
FILE	7
NO. OF	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

DEC 9 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

Penroc Oil Corporation ✓

Address
P. O. Drawer 831, Midland, Texas 79702-0831

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)

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Wright-Federal	Well No. 2	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0557562
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Location

Unit Letter G	1980	Feet From The North	Line and 1980	Feet From The East
Line of Section 6	Township 20S	Range 28E	NMPM, Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) 501 East Main, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico					
Does well produce oil or liquids, give location of tanks.	Unit G	Sec. 6	Twp. 20S	Rge. 28E	Is gas actually connected? Yes	When Previous Connection 1-22-76, 12-14-81

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X		X
Date Spudded Re-completion 11-23-81	Date Compl. Ready to Prod. 12-4-81	Total Depth 11,121'	P.B.T.D. 10,200'					
Perforations (DF, RKB, RT, GR, etc.) 3364.5' GR	Name of Producing Formation Cisco-Canyon	Top Oil/Gas Pay 9407'	Tubing Depth 9349'					
Perforations 9407, 08, 10, 11, 17, 18, 23, 24, 25, 26, 30, 32, 33, 34, 36 & 9475-9484'			Depth Casing Shoe 11,120'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8"	415' RT	425 - Circulate
11"	8 5/8"	2500" RT	900 - Circulate
7 7/8"	4 1/2"	11,121' RT	900 - TC @ 7460'
	2 3/8"	9349	

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)

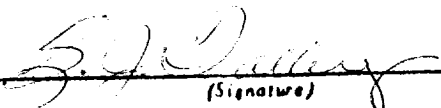
Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL Will conduct 4-pt. test down sales line approximately 12-14-81.

Actual Prod. Test-MCF/D 2,900	Length of Test 1 hour	Bbls. Condensate/MCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) ---	Tubing Pressure (shut-in) 1595#	Casing Pressure (shut-in) 0-Packer	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
President
(Title)
12-8-81
(Date)

OIL CONSERVATION DIVISION

DEC 28 1981

APPROVED _____, 19____
BY W. A. Gressett
SUPERVISOR, DISTRICT II
TITLE _____

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 deviated 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 multiple completed wells.