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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico L....gy, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 See Instructions

at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MM 3 1 1992

RECEIVED

DISTRICT III 1000 Rio Brazos Rd., Azzoc, NM	97410	e, New Mexico 87.			1974 24			
I.	REQUEST FOR A	LLOWABLE AND	AUTHOR	IZATIO	10 , C. G.	- N-		
Operator	IO THANSE	PORT OIL AND N	ATURAL G		I API No.	-		
PENROC OIL (30 015 05884			
P. O. BOX 5	970 Hobbs, New M	exico 88241-59	70		*			
Reason(s) for Filing (Check prope			ther (Please exp	lain)	************			
New Well Recompletion	Change in Transp	corter of:						
Change in Operator	Oil Dry G		Effecti	ive: J	anuary 10	5, 1992		
If change of operator give name and address of previous operator	Texaco Exploration		nc P () Box	720 Vob	oo NM (20240 253	
II. DESCRIPTION OF W		a rroduction r	110. F. C	J. BOX	730 RODI	os, NM e	38240-252	
Lease Name	Well No. Pool N	Same, Including Formation		King	of Lease		Lease No.	
E D WHITE FEDERA	AL NCT 1 1 1	MASON DELAWARE	, NORTH	State	Federal or Fe		0690	
Unit Letter P	. 330 Bad B		. 22	0	LC-0708			
0 26		rom The South Li	ne and33	1	eet From The .	Eas	t Line	
Section 26 T	ownship 26S Range	31E , N	імрм,			Eddy	County	
II. DESIGNATION OF T	TRANSPORTER OF OIL AN	D NATURAL GAS						
Name of Authorized Transporter of Texaco Trading &	Of Condensale	Address (Gi	we address to wh	tich approve	d copy of this fo	orm is to be s	eni)	
Name of Authorized Transporter of		P. O.	Box 60268	Mid.	land, TX	79711-	-0628	
Phillips 66 Natu	ral Gas Co.		w <i>address to wh</i> Plaza Off	<i>ich approved</i> ice Bld	d copy of this fo	rm is to be s	eni)	
f well produces oil or liquids, ve location of tanks.	Unit Sec. Twp. P 26 268	Rge. Is gas actually	y connected?	When	. 7		e, OR /40	
this production is commingled with COMPLETION DATA	h that from any other lesse or seek	e commingling order numi	ber:		5/0	1/60		
	(0.1.1.	as Well New Well	Workover					
Designate Type of Comple	enon - (X)		I workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Compl. Ready to Prod.		Total Depth	Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, stc.) Name of Producing Formation		Top Oil/Gas F	Top Oil/Gas Pay			Tubing Depth		
					Depth Casing	Shoe		
HOLE SIZE	TUBING, CASIN	G AND CEMENTIN	IG RECORD)	<u> </u>	·		
TIOCE SIZE	CASING & TUBING SI		DEPTH SET			SACKS CEMENT		
						-1		
TEST DATA AND REQU	UEST FOR ALLOWABLE							
L WELL (Test must be after the Control of the Contr	ter recovery of total volume of load oil	and musi be equal to or e	xceed top allow	able for this	depth or be for	full 24 hours	.)	
	Date of Tex	Producing Meth	hod (Flow, pump	, gas lift, etc	:.)			
gh of Test	Tubing Pressure	Casing Pressure	peatile		Choke Size 1-24-92			
ual Prod. During Test	Oil - Bbls.	Water - Bbis	Water - Bbis		Gas- MCF	I har	20	
					Ose Mich	any		
AS WELL ual Prod. Test - MCF/D								
- rock rock - MCMD	Length of Test		Bbls. Condensate/MMCP		Gravity of Condensate			
ng Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	asing Pressure (Shut-in)			Choke Size		
OPERATOR CERTIF	ICATE OF COMPLIANCE	<u> </u>			·			
hereby certify that the rules and re-	gulations of the Oil Consenution	~ O!	L CONS	ERVA [*]	LION DI	VISION	1	
true and complete to the best of m	nd that the information given above		pproved.		N 2 2 190			
Mentoi	Saferel /	Dais A	PP10484 .		~ ~ /SE	·····		
gnature	Ву	By ORIGINAL SIGNED BY						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505)

Mohammed Yamin Merchant

Tinted Name

)ate

1/16/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT #

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

President

Title

Telephone No.

397-3596

4) Separate Form C-104 must be filed for each pool in multiply completed wells.