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ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Penta Exploration Company

Address
310 West Texas, Suite 210, Midland, Texas 79701

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-24-85 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Amoco Federal	1	Ross Draw - Delaware	State, Federal or Fee Federal	NM-18626

Location
Unit Letter E : 660 Feet From The West Line and 1980 Feet From The North

Line of Section 25 Township 26 South Range 30 East , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P. O. Drawer 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Conoco	Mineral Lease Records Section, P. O. Drawer 1267, Ponca City, Oklahoma 74603

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	25	26S	30E	No	October 1985

Post ID-2 9-27-85 Comply-Ltr

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

RIC BELL (Signature)
Vice-President (Title)
9-12-85 (Date)

OIL CONSERVATION DIVISION

APPROVED SEP 24 1985, 19____
BY Original Signed By Les A. Clements
TITLE Supervisor District II

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.

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

IV. 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					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-30-85	7-17-85	7150'	7150'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3056' GL	Cherry Canyon, Brushy Canyon	5784'	6781'
Perforations 5784', 88, 92, 95, 98, 5802', 04, 08, 12, 20, 22, 24, 26, 28, 34, (15 shots) 6822', 24, 29, 33, 37, 41, 45, 55, 57, 64, 72, 75 (12 shots)			**Depth Casing Shoe** 7150'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13-3/8"	358'	350 Sacks
12¼"	8-5/8"	3520'	900 Sacks
7-7/8"	5½"	7150'	1050 Sacks
	2 7/8	6781	

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.)	
6-26-85	9-3-85	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hours	45#	75#	24/64"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
45 BO, 40 MCF, 290 BW	45	290	40

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 Pressure (Shut-in)**	**Choke Size**