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 LAND OFFICE _____
 TRANSPORTER OIL _____
 GAS _____
 OPERATOR _____
 PRODUCTION OFFICE _____

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

I. OWNER
Penrose Production Company
 Address: **Box 988, Eunice, New Mexico**
 Reason for filing (Check proper box) _____ Other (Please explain) _____
 If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Well Name: **Sunshine State** Well No./Pool Name, Including Formation: **1 Drinkard** Kind of Lease: **State**
 Section: **C 990** Feet From The: **N** Line and: **2209** Feet From The: **West**
 Range: **19** Township: **21 S** Range: **37 E** County: **Lea**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil: **Texas New Mexico Pipe Line** Address: **Box 1510 Midland, Texas**
 Name of Authorized Transporter of Gas: **Warren Pet. Co.** Address: **Eunice, New Mexico**
 If well is deepened or deepened, how many feet? _____ Unit: **C** Sec: **19** Twp: **21** Rge: **37** Is gate actually connected? **Yes** When: **6-22-64**

IV. COMPLETION DATA
 Designate Type of Completion - (X) _____
 Date Drilled: _____ Date Cased: _____
 Name of Service Company: _____
 Tubing, Casing, and Cementing Record:
 HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
 Name of Well: _____ Date of Test: _____
 Location of Well: _____
 Method of Test: _____
 Flow Rate: _____ Pressure: _____
 Choke Size: _____

GAS WELL
 Name of Well: _____ Date of Test: _____
 Location of Well: _____
 Method of Test: _____
 Flow Rate: _____ 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.
 Signature: _____
 Title: **Office Manager**
 Date: **4-9-65**
 APPROVED _____, 19 _____
 BY _____
 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 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 Sections I, II, III, and VI only 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.