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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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. Operator **PENROC OIL CORPORATION**

Address **P. O. Drawer 831, Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) *Change from Cont'l Pipeline*

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. G. Phillips - State	Well No. 3	Pool Name, Including Formation Artesia (Q. G. S. A.)	Kind of Lease State, Federal or Fee State	Lease No. B-2071
Location				
Unit Letter P	330	Feet From The south Line and 330	Feet From The East	
Line of Section 27	Township 17S	Range 28E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co., Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) <i>Box 6666, Bartlesville, Oklahoma 79760</i>			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 27	Twp. 17S	Rge. 28E
	Is gas actually connected? Yes		When 10/7/60	

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-156**

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 8/24/60	Date Compl. Ready to Prod. 10/3/60		Total Depth 2138'		P.B.T.D. 2122'			
Elevations (DF, RKB, RT, GR, etc.) GR. 3666	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2082'		Tubing Depth 2095'			
Perforations 2082' - 2092'					Depth Casing Shoe 2122'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8-5/8"		501'		50			
8"	5-1/2"		2122'		135			
	2" tubing		2095'					

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

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GAS WELL

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

M. Roberts
(Signature)
Production Superintendent
(Title)
November 7, 1969
(Date)

OIL CONSERVATION COMMISSION
NOV 12 1969
APPROVED
BY *W. A. Gressett*
OIL AND GAS INSPECTOR
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 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.