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

## State of New Mexico Er. J, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

7	REU					AUTHORI					
TO TRANSPORT OIL A						Well API No.					
Penroc Oil Corporation				30-025-22330							
Address	<del></del>		<del></del>								
P. O. Box 5970, Hobbs	s, NM	<u>88241-5</u>	970					<del></del>	······		
Reason(s) for Filing (Check proper box)  New Well		Change in	Tenenos	ter of:	[] Oi	her (Please expl	ain)				
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghe	ad Gas 🔲	Condens	_	Effec	ctive 5-1	-92				
f change of operator give name and address of previous operator En	ron Oi	1 & Gas	Comp	any,	P. O. Bo	ox 2267,	Midland.	Texas 7	9702		
II. DESCRIPTION OF WELL											
Lease Name	Well No. Pool Name, Including				ing Formation	<del></del>	Kind	Kind of Lease Fee Lease No.			
Dallas	1   North Bag]			$-\nu \omega \sim$	<u> </u>	State,	State, Federal or Fee				
Location	000	_		J	M		_		_		
Unit Letter	: 203	5	Feet Fro	m The S	outh L	ne and203	5 Fe	et From The _	<u>east</u>	Line	
Section 15 Township	. 11:	S	Range	33	F N	NMPM,	Lea			County	
							LCU	,		County	
III. DESIGNATION OF TRANS	SPORT	OF OF O		NATU			<del></del>				
Name of Authorized Transporter of Oil Amoco Pipeline Compa	1	Address (Give address to which approved copy of this form is to be sent)  200 W. 7th St. Ste 2300. Ft Worth. Tx 76102									
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (G	ive address to wi	hich approved	copy of this for	m is to be se	/DIUZ	
Warren Petroleum Con	npany	- <del></del>			Box 1589, Tulsa, O		, OK 741	< 74102			
If well produces oil or liquids, give location of tanks.	Unit	<b>s</b> ∞.   15	Twp.	Rge   33		lly connected?	When				
f this production is commingled with that from any other lease or pool, give comm					Yes I			1/6/68			
V. COMPLETION DATA			, co., g	, constant	pring order non					, ,, <del>,,</del> ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,	
Designate Type of Completion -	~	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipi. Ready to	Prod	·	Total Depth	.l	<u> </u>	<u> </u>		1	
	<b>54</b> 0 000	ipi. Kuady w	71104		Tour Deput			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations											
CHOIMEOLD								Depth Casing	Shoe		
	<del></del>	TUBING.	CASIN	G AND	CEMENT	ING RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									· · · · · · · · · · · · · · · · · · ·		
. TEST DATA AND REQUES								***	······································		
OIL WELL (Test must be after re			of load où	l and mus					r full 24 how	·s.)	
Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)											
ength of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
I De la Decisión de la companya de l					137 . D11				C. VCP		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
CASTUELL						<del></del>		<u> </u>	<del></del>		
AS WELL tual Prod. Test - MCF/D   Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
								-,			
esting Method (pitot, back pr.)	Tubing Pr	essure (Shut-	-in)		Casing Press	ure (Shut-in)		Choke Size			
					\			<u>!</u>	······································		
7I. OPERATOR CERTIFICA				CE 7-	1 (	OIL CON	ISERV	ATION F	IVISIO	M	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above.						0.2 00.	.001117			14	
is true and complete to the best of my knowledge and belief.					Date ApprovedMAY 26'92						
R. X.	$\Omega \mathcal{O}$	of				pp. 0.01					
Signature	W CM	y y	<b>Y</b>		By_	ORIGINAL	SIGNED D	V-1855			
<u>Betty Gildon, Regulatory Analyst</u>					OP OUT I CHERVISOR						
Printed Name Title 4-22-92 915/686-3714								- ***		<del></del>	

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.