

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PERMITS OFFICE	

I. Operator Penroc Oil Corporation

Address P. O. Box 5970 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

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

Other (Please explain) Effective April 1, 1988

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ainsworth</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Vada Penn</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>9</u> Range <u>33</u> , NMPM, <u>Lea</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Amoco Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 Main Street, Suite 500, Ft. Worth, Tx 7610</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, Ok 74004</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>35</u> Twp. <u>9</u> Rge. <u>33</u>	Is gas actually connected? <u>Yes</u> When <u>N/A</u>

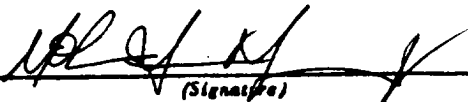
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.

Mohammed Yamin Merchant


(Signature)

President

(Title)

April 6, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 7 1988, 19

BY Paul Kautz

TITLE Geologist

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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

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