Submit 5 Copies Appropriate District Office
LISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Er 3y, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	110	Santa 1	Fe, New N	Mexico 875	504-2088					
I.	REQUES	T FOR .	ALLOWA	BLE AND	AUTHO	RIZATIO	N			
TO TRANSPORT OIL AND NATURAL GAS							Vell API No.			
Penroc Oil Corporation Address					3e 025-24182					
P. O. Box 5970, Ho	bbs, NM 8824	1-5970)							
Reason(s) for Filing (Check proper bo	ox)			[] Or	ther (Please e	explain)				
New Well Recompletion		ge in Trans								
Change in Operator	Oil	Dry		ree.	otice F	1 00				
If change of overator give name	Casinghead Gas	_=	iensate [ctive 5					
and address of previous operator II. DESCRIPTION OF WEI	Enron Oil &	Gas Co	mpany,	<u>P. U. B</u>)X <u>2267</u>	, Midla	nd, lexas 79	702		
Lease Name Well No. Pool Name, Include					ding Formation Kind]	se No.	
Bagley State Con					gley Penn Stat			d of Lease State Lease No. Le, Federal or Fee 0G426 & E-26		
Unit Letter F	1980	Feet	From The	north,	ne and	1980	E of Forms M	west		
Section 34 Town	nship 11S		225			Lea	_ Feet From The		Line	
		Rang	, -		₩РМ,	Lea			County	
III. DESIGNATION OF TRANSPORTER OF Authorized Transporter of Or	ANSPORTER OF	OILA	ND NATU	RAL GAS						
Amoco Pipeline (ndensate		Address (Give address to which approve			oved copy of this form	d copy of this form is to be sent) 2300, Ft Worth, Tx 76102			
Name of Authorized Transporter of Ca		or Dr	y Gas Y	Address (Gi	. /th 5	t., Ste	2300, Ft W	ortn, IX	(/6102	
Warren Petroleum	1 Company	, 0.2.	, 👊	Rox 1	589, Tu	w <i>nuch appr</i> Isa ∩k	oved copy of this form	is to be seri)		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.		Is gas actual	ly connected		/hen ?			
If this production is commingled with the		or pool, g	1 33	Ye	S ober		9/72			
IV. COMPLETION DATA	·									
Designate Type of Completion - (X)		Vell	Gas Well	New Well	Workover	Deep	n Plug Back Sar	ne Res'v	hiff Res'v	
Date Spudded	Date Compl. Read	y to Prod.		Total Depth	1	l	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			<u> </u>	Top Oil/Gas Pay			Tubing Depth	Tuhing Death		
Perforations							Tabilig Deput	Table Sopul		
							Depth Casing Sh	юе		
	TUBIN	G, CAS	ING AND	CEMENTI	NG RECC	ORD				
HOLE SIZE	CASING &	TUBING	SIZE	DEPTH SET			SAC	SACKS CEMENT		
				!						
							- · ·			
7. TEST DATA AND REQUI						· · · · · · · · · · · · · · · · · · ·				
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volum	me of load	oil and musi	be equal to or	exceed top a	Mowable for	this depth or be for fu	ul 24 hours.)		
on Not 10 Talk	Date of Test			Producing Me	thod (Flow, ,	pump, gas li	ft, etc.)			
ength of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test				Water - Bbis.						
Oil - Bbls.							Gas- MCF	Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condens	MMCF		Gravity of Conde	nsale		
M. D. L.							, , , ,			
esting Method (puot, back pr.)	Tubing Pressure (S)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
I. OPERATOR CERTIFIC	CATE OF COM	MI IAN	CF (
I hereby certify that the rules and regu	ulations of the Oil Cons	servation	\sim		IL CO	NSER'	VATION DIV	/ISION		
Division have been complied with and	d that the information g	iven above	1,00							
is true and complete to the best of my	anowieage and belief.	$\langle \mathcal{M} \rangle$	M	Date	Approve	ed	MAY 26'9	<u></u>	_	
Botte Sullanda										
Signature				Ву	É	14:460	SY JERRY SEXTO	N		
Betty Gildon, Regulatory Analyst Printed Name Title				By 6 1885ed SY CERRY SEXTON						
4-22-92	915/686-			Title_					·	
Date	Te	lephone N	0.							

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.