Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	Robbe, NM 38240 , Hobbe, NM 38240 OIL CONSER					Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
P.O. Drewer DD, Artesia, NM 88210	WW DD, Artesia, NM 88210 P.O. Box 2088 True Santa Fe, New Mexico 87504-2					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	10					
I.	REQU		WABLE AND AUTH		1	
PENROC OIL CON					11 API No. 30-0	25-24194
Address PO BOX 5970	HOBI	BS NM 88241-	.5970			
Reason(s) for Filing (Check proper bo		50 MA 00241*	Other (Plea	se explain)		
New Well Recompletion Change is Operator If change of operator give name	OU Casinghead	Change in Transporter of Dry Gas d Gas Condensate		tive Augus	t 24, 1992	
and address of previous operator					· · · ·	
II. DESCRIPTION OF WEL	the second s					
Read & Stevens	tate		ncluding Formation M SAN ANDRES	Kir Sta	d of Lease e) Federal or Fee	Lesse No. L-191
Unit LetterD	6	60 Feet From Th	North	660		Woat
Section 5 Town	untin 10-	c	3-F		Feet From The	Line
		Kange	NMPM,			Lea County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF CONDERNAL	TURAL GAS			*****
Enron Oil Trading &	ma FAIT. F		Address (Give addres PO Box 1188		ed copy of this form 1, TX 7725	
Name of Authorized Transporter of Cau None	inghese Effect	ive 1-1:93	Address (Give addres	I to which approv	ed copy of this form	i is to be serv)
If well produces oil or liquids, five location of tanks.	Unit	Sec. Twp.	Rge. Is gas actually connec	ied? Whe	·n 7	
I this production is commingled with th		5 10 33	· · · · · · · · · · · · · · · · · · ·			
V. COMPLETION DATA		were or pool, give comm	ningling order number:	·····		
Designate Type of Completion	n • (X)	Oil Well Oas Wel	II New Well Worko	ver Despen	Plug Back Sal	ne Res'y Diff Res'y
Date Spudded	Dele Compi.	Ready to Prod.	Total Depth		P.B.T.D.	İ
rations (DF, RKB, RT, GR, etc.) Name of Producing Formation		tucing Bormation	Top Oil/Get Pay		F.0.1.0.	
erforelions			TOP OFFORT PLY		Tubing Depth	
					Depth Casing Sh	06
	TU	BING, CASING AN	D CEMENTING REC	ORD		
MOLE SIZE	HOLE SIZE CASING & TU		IBING SIZE DEPTH SET		SACKS CEMENT	
			· · · · · · · · · · · · · · · · · · ·			
TEST DATA AND REQUE	ST FOR AL	LOWABLE				
IL WELL (Test must be after )	recovery of ioial					
	Date of Test	volume of load oil and mu	usi be equal to or exceed top	allowable for thi	depih or be for fu	124 hows,
ite First New Oil Run To Tank	Date of Test	volume of load oil and m	ust be equal to or exceed top Producing Method (Flow	allowable for this 1, <b>pump, gas</b> lift, e	i depih or be for fu ic.)	124 hows,
ite First New Oil Run To Tank	Date of Test Tubing Pressur		usi be equal to or exceed top Producing Method (Flow Casing Pressure	allowable for thi v, p <b>ump, ga</b> s lift, e	depih or be for fu ic.) Choke Size	1 24 hours ,
ale First New Oil Run To Tank			Producing Method (Flow	allowable for thi v, <b>pump, gas</b> lift, e	(c.) Choke Size	1 24 hours ,
ale First New Oil Run To Tank angth of Test ciual Prod. During Test	Tubing Pressur		Casing Pressure	allowable for this 4, <b>pump, gas</b> lýt, e	(c.)	1 24 hows ,
ale First New Oil Run To Tank ingth of Test itual Prod. During Test AS WELL	Tubing Pressur Oil - Bbis.		Casing Pressure Water - Bbis.	y, pump, gas lýt, e	(c.) Choke Size	1 24 hows ,
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ale First New Oil Run To Tank ingth of Test itual Prod. During Test AS WELL itual Prod. Test - MCF/D iting Method (pirot, back pr.)	Dub of Yea Tubing Pressur Oil - Bbis, Length of Test Tubing Pressure	ι (Shui-in)	Producing Method (Flow Casing Pressure Water - Bbis. Bbis. Condensate/MIMCF	r, pump, gas lýt, e	Choke Size Gas- MCF Gravity of Conden	······································
ate First New Oil Run To Tank ringth of Test ritual Prod. During Test AS WELL tual Prod. Test - MCF/D ting Method (pitor, back pr.) . OPERATOR CERTIFIC, I hereby certify that the rules and regula Division have been complied with and t	Due of Yea Tubing Pressur Oil - Bbis. Length of Test Tubing Pressur ATE OF CC tions of the Oil C	(Shut-in) DMPLIANCE Conservation	Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	r, pump, gas lift, e	Choke Size Gas- MCF Gravity of Conden	6416
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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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I. II. III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.