Submit 5 Conies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, 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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						+ Well	API No.			
Penroc Oil Corpora	ition					i	30-0	25	23635	
Address										
P. O. Box 5970, Ho	bbs, NM 8	8241-59	70							
Reason(s) for Filing (Check proper bo		Other (Please explain)								
New Well		Change in Tr	ansporter of:							
Recompletion	Oil	☐ D	ry Gas							
Change in Operator	Casinghead	i Gas 🔲 C	ondensate	Effec	tive 5-1	-92				
If change of operator give name and address of previous operator	Enron Oil	& Gas	Company,	P. 0. Bc	x 2267,	Midland	, Texas 797	702		
II. DESCRIPTION OF WEI				Pos	YM A					
Lease Name						Kind	Kind of Lease State Lease No. State, Federal or Fee K3027			
Shell H State	North Bag	gley Penn			State, Federal or Fee K3027					
Location				7(
Unit LetterA	554	Fr	eet From The	north _{Lir}	ne and	554 _F ,	eet From The	east	Line	
						·				
Section 8 Tow	raship 12	R	ange 33	, N	МРМ,		Lea		County	
III. DESIGNATION OF TR	ANSPORTE							_		
Name of Authorized Transporter of O	1 Y I	or Condensat	e				copy of this form			
Amoco Pipeline Co	0			200 W. 7th St, Ste 2300, Ft Worth, Tx 76102						
Name of Authorized Transporter of C	or	Dry Gas	Address (Give address to which approved							
	Warren Petroleum Company			Box 1589, Tulsa, OK 741			102			
If well produces oil or liquids,				Is gas actually connected? When			1 ?			
give location of tanks.	I.AI	<u>8</u> _ L	12 33	Yes			3-16-71			
If this production is commingled with to IV. COMPLETION DATA	that from any other	r lease or poo	ol, give comming	ling order num	iber:					
Designate Type of Completi	on - (X)	Oil Well	Gas Well	New Weil	Workover	Deepen	Plug Back Sarr	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations										
renoiadous							Depth Casing Sh	oe .		
	TT	UBING, C	ASING AND	CEMENTI	NG RECOR	LD.				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	i							··		
										
V. TEST DATA AND REQU	JEST FOR A	LLOWAB	LE	*						
OIL WELL (Test must be aft	er recovery of low	al volume of l	oad oil and must	be equal to or	exceed top allo	owable for thi	s depih or be for fu	Il 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	g Test Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (puot. back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
			<u> </u>	i			1			
VI. OPERATOR CERTIF			\ /			ICEDY	ATIONION	11010	N N 1	
I hereby certify that the rules and re Division have been complied with a						NOEHV.	ATION DI	VISIC)N	
is true and complete to the best of n) · · · · · · · · · · · · · · · · · · ·		Λ :	_i	MAY 26'9	12		
				Date Approved			ermi ∾ ∪ JZ			
Barte XIO	Dans	1) Week		11						
Signature		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		By_		11.4	<u> </u>	, Š.		
Betty Gildon, Regu	<u>llat</u> ory An	alyst_				*	•		· · · · ·	
Printed Name		Tit	lle	TIAL =						

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

4-22-92

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915/686-3714

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.

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