District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico .ergy, Minerals & Natural Resources Department

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

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'API Nu		V			⁵ Pool N	arme						
0-025-0				MALJAMA	R GRAYBU	RG SAN	ימואל	DEC		• Pr	ool Code	
⁷ Property 20306			1 Promount	GRAYBURG SAN ANDRES Property Name				43329				
MALMAR U 10 Surface Location					UNIT					108	ll Number	
or lot no. Section	Town		T=									
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or lot no. Section	m Hole			T					<u> </u>		LEA	
10			Range	Lot Idn	Feet from the	North/S	outh line	Feet from the	East/We	st line	Count	
	oducing Meth	od Code									County	
5 工	NOC	•	Gas	Connection Date	¹⁹ C-129 Per	mit Number	"	C-129 Effective D	ate	" C-12	9 Expiration Date	
Oil and G												
Transporter			ansporter N	Varna								
OGRID			and Address	•	P	* POD 31 O		11	²² POD ULSTR Location			
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Printed Name
PENROC OIL CORPORATION

017213

Submit 5 Copies
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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		<u>O IRA</u>	NSP	OHI OI	L AND NA	JURAL G	AS				
Operator Penroc Oil	Cons		† . · _				Well	API No.			
Address P P 2	970		4/4	h	m M	00011	,			· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box)	7 1 10		M	PRO,	7/1/	OSAF/ Net (Please expl	lain)				
New Well	c	Change in	Transco	riter of:		•	•		_		
Recompletion	Oil		Dry Ga	$\overline{}$	61	10ti	ا (مہ	0.13.	90		
Change in Operator	Casinghead	Gas 🗔	Conde		20	our.	٠ ,				
If change of operator give name and address of previous operator	thlan	d 1	lorge	retu	C. ;	21 Dest	Dr.	Mis	land,	2x 797	
II. DESCRIPTION OF WELL			0	/						,	
Lease Name Molmar Unit Tr	7. /	Vell No.		ame, Includ	ling Formation	9.5A)		of Lease Federal or Fe	x 32	ease No.	
Location Unit Letter	. 198	FO	East Ea	om The	North.	. 6	60		B - Eas	1229	
Section /3 Townsh	17	_		32 अ	E	C 4140	Lea	eet From The			
			Range		, NI	MPM,		<u></u>		County	
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil				<u>D NATU</u>							
Water Inje	effec	r Condens			Address (Giv	e address to w	hich approved	t copy of this j	form is to be s	int)	
Name of Authorized Transporter of Casin	ighead Gas		or Dry	Gas	Address (Giv	e address to wi	hich approved	copy of this	form is to be s	int)	
If well produces oil or liquids, give location of tanks.	well produces oil or liquids, Unit Sec. Twp. Rg						. Is gas actually connected? When ?				
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	ool, giv	e comming	ling order numl	ber:	i 				
	75	Oil Well		ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl.	Ready to	Prod.		Total Depth	Ĺ	<u> </u>	Ļ	Ĺ		
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas I			P.B.T.D.			
Perforations	Name of Prod	meng ro	mation		Top Oiv Oas I	ray		Tubing Depth			
renorations			,					Depth Casin	g Shoe		
	TU	BING, O	CASIN	IG AND	CEMENTI	NG RECOR	D	<u></u>			
HOLE SIZE		NG & TUI				DEPTH SET		9	SACKS CEMI	ENT	
V. TEST DATA AND REQUE	T FOR AL	LOWA	BLE					<u> </u>			
OIL WELL (Test must be after r	ecovery of total	volume of	fload o	il and must	be equal to or	exceed top allo	wable for this	depth or be j	for full 24 hou	·s.)	
Date First New Oil Run To Tank	Date of Test					thod (Flow, pu					
Length of Test	Tubing Pressu	re			Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	- MCF/D Length of Test				Bbls. Condens	nie/MMCF		Gravity of Condensate			
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressur	re (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regula	ations of the Oil	Conserva	tion	CE	С	OIL CON	SERVA	ATION I	DIVISIO	N	
Division have been complied with and is true and complete to the best of my i	that the information that the characteristic indicates the control of the characteristic indicates the	tion given pelief.	above		Date	Approved	i		00.	T 1 7 199	
LOCIL	Aferal					, phinag				·	
Signature Mohammed Jamia	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR										
Printed Name Or 4 /6 1990	_		Title		Title_		ordine i	SOLEM A 12	∵ ⊼		
Date (505) 397-	3596	Teleph	none No								

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.

RECEIVED

OCT 1 7 1990

OCD MOBBS OFFICE