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

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

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

I. Rio Brazos Rd., Aztec, NM 87410	REQU				AUTHORI ATURAL G	- · · · · - · ·					
Operator Penroe D				API No.							
Address P.O. Box 5	5970	Ha	ello,	nm	8824	1/					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator			ry Gas		her (Please expl ffecti	ain) · ·	10-1	13-90			
16 -1	uthlan	d Ros	jalty (20.	21 Desta	Dr.	mill	end, I	x 7970		
II. DESCRIPTION OF WELL			0 8			—					
Lease Name Malmax Unit									of Lease No. Federal or Fee		
Location Unit Letter	:/		et From The		ne and Zu	28.84 _F	eet From The	Wes	/ Line		
Section 7 Towns	hip /7	S Ra	inge 33	E ,1	МРМ,	Lea	****	· · · · · · · · · · · · · · · · · · ·	County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF OIL									
Texas New Me	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs nm 88240										
Name of Authorized Transporter of Casinghead Gas Or Dry Gas				4001	Penler	hich approved	l copy of this form is to be sent) Odessa, 2479762				
give location of tanks.	I	12 1	75 32E		lly connected?	Wher					
If this production is commingled with the IV. COMPLETION DATA	it from any other	r lease or pool	l, give comming	ing order nun	nber:						
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay			Tubing Depth							
Perforations					Depth Casing	Depth Casing Shoe					
					CEMENTING RECORD						
HOLE SIZE	CASI	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
C. CONTOUR D. A. M. A. A. A. D. D. CO. V. T.											
V. TEST DATA AND REQUE OIL WELL (Test must be after				be equal to or	r exceed top allo	wable for thi	s depth or be f	or full 24 hour	·s.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL		_					<u></u>				
Actual Prod. Test - MCF/D	Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my	lations of the O	il Conservatio ation given ab)Q		OIL CON		ATION [N 7 1990		
LOV 4 M					_	DIGINIA! C	VE GRIAGU	JERRY SEX	(TON		
Printed Name Oct. 16, 1990 PRESIDENT				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title							
Oct. 16, 1990 Date (5) 5 3	97-3591	Telephon	ne 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.