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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTA	ANSP	OHIO	L AND NA	TURAL G	ias				
Penroc Dil	2 Co	rpo	rat	Lin	)		Wel	API No.			
Address P. D. Bay 59	70	1/-	11	4		0001	,				
Reason(s) for Filing (Check proper box)	10	No	10	2, //	771.	8824 her (Please exp	/ dain)				
New Well		Change in	n Transp	orter of:		w (1 iems exp	iain)				
Recompletion	Else atime 10-13-90										
Change in Operator	Casinghe	ead Gas	Conde	nsate	0	)					
· ·	thlan	e Ro	zzal	ty C	o. 216	esta h	Jr. %	idlan	e, 2x	19701	
II. DESCRIPTION OF WELL	AND LE										
Lease Name Malmar Unit	ling Formation  Kind of Lease  B. 2229  Kind of Lease  B. 2229										
Location Unit Letter		1980		U		•	/		C-1-0'	<u> </u>	
			. Feet Fi	rom The	10rth Lin	e and ZOZ	1	eet From The	_ Cues;	Line	
Section Townsh	ip /7	75	Range	<i>و ج</i>	E, N	МРМ,		ea		County	
III. DESIGNATION OF TRAN	VSPORTE	or Conden	IL AN	D NATU							
axter Injection	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)										
f well produces oil or liquids, Unit Sec. Twp. Rge					Is gas actually connected? When ?						
If this production is commingled with that	from any ou	her lease or	pool, giv	e comming	ling order numi	per:					
IV. COMPLETION DATA								<del></del>			
Designate Type of Completion	- (X)	Oil Well	0	Sas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas F	Pay	······································	Tubing Depth			
Perforations											
				Depth Casing Shoe							
TUBING, CASING A					CEMENTIN	IG RECOR	D	<del></del>			
HOLE SIZE CASING & TUBING SIZE				IZE	DEPTH SET			SACKS CEMENT			
							····				
			·			<del></del>		<b></b>	····		
						<del></del>			· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES						——————————————————————————————————————		<u> </u>			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes	tal volume o	f load oi	l and must	be equal to or e	exceed top allo	wable for this	depth or be f	or full 24 hour	·s.)	
Date First New Off Kun 10 lank		Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure				Casing Pressur	е		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		<del>-</del>	Gas- MCF	Gas- MCF		
0.0											
GAS WELL Actual Prod. Test - MCF/D	T			•							
ctual Prod. Test - MCF/D Length of Test					Bbis. Condenss	ite/MMCF		Gravity of C	Gravity of Condensate		
esting Method (pito', back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF	COMPI	I A NIC	TE			<del></del>				
I hereby certify that the rules and regular	tions of the C	Dil Conserva	tion	ا ناد	0	IL CON	SERVA	TION E	DIVISIO	N	
Division have been complied with and that the information given above is true and compliste to the best of my knowledge and belief.					,						
AC 1/1	lowledge and	d beller.	1/		Date /	Approved		00	1171	990	
Simplify					D.						
Monammed VAMIN Merchant					ByORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Title					DISTRICT I SUPERVISOR Title						
Oct. 16,1990	97 200	RESID	one No.	<u> </u>	1 IUG	<del></del>	·····				

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.

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OCT 1 7 1990

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HOBBS OFFICE