

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **PENROC OIL CORPORATION**

Address **P.O. BOX 5970 HOBBS, NEW MEXICO 88241**

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: _____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name CONOCO STATE	Well No. 2	Pool Name, Including Formation HOBBS BLINEBRY	Kind of Lease State, Federal or Fee STATE	Lease No. B-265
Location Unit Letter K : 2086 Feet From The S Line and 2086 Feet From The W Line of Section 33 Township 18S Range 38E , NMPM, LEA Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **SCURLOCK PERMIAN CORP EFF 9-1-91**

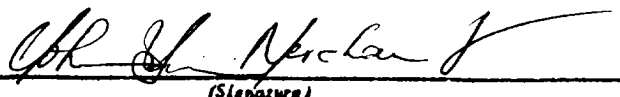
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) BOX 1183 HOUSTON, TEXAS 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NATURAL GAS COMPANY GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 424 HOME SPRINGS & LOAN BARTLESVILLE, OK
If well produces oil or liquids, give location of tanks.	Unit J Sec. 33 Twp. 18S Rge. 38E Is gas actually connected? YES When 8/3/1971

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-432**

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
PRESIDENT
(Title)
11/3/87
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 15 1987**, 19 ____

BY **ORIGINAL SIGNED BY JERRY SEXTON**

TITLE **DISTRICT 1 SUPERVISOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

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