

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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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:	<u>OCTOBER 1, 1988</u> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner APOLLO OIL COMPANY, P.O. BOX 1737, HOBBS, NEW MEXICO 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE E TRACT 18</u>	Well No. <u>19</u>	Pool Name, including Formation <u>LOVINGTON ABO</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease <u>B-1553</u>
Location				
Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u>				
Line of Section <u>1</u> Township <u>17S</u> Range <u>36E</u> , NMPM, LEA Cou.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>TEXAS-NEW MEXICO PIPELINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 1510, MIDLAND, TEXAS 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PETROLEUM COMPANY 66 Natl Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>1160 ADAMS BLDG., BARTLESVILLE, OK 74004</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>1</u>
	Twp. <u>17S</u>	Rge. <u>36E</u>
Is gas actually connected?		When
<u>YES</u>		<u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.

M. V. Merchant

(Signature)

PRESIDENT

(Title)

OCTOBER 1, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY Orig. Signed by
Paul Kautz
Geologist

TITLE _____

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

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

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

Fill out only Sections I, II, III, and VI for changes of 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.