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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

CORRECTED COPY

Operator Penroc Oil Corporation	
Address P. O. Drawer 831, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buckeye-State Com	Well No. 1	Pool Name, including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee	State	Lease No. B-2388 B-4549
Location Unit Letter <u>H</u> ; <u>2100</u> Feet From The <u>N</u> Line and <u>700</u> Feet From The <u>E</u>					
Line of Section <u>20</u> Township <u>17S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County					

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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation Permian (Eff. 9 / 1 / 87)	P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company GPM Gas Corporation	Phillips Building, Bartlesville, Okla., 74003					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 20	Twp. 17S	Rge. 35E	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/17/72	Date Compl. Ready to Prod. 12/26/72		Total Depth 9000'		P.B.T.D. 8954'			
Elevations (DF, RKB, RT, GR, etc.) 3967 Gr.	Name of Producing Formation Abo		Top Oil/Gas Pay 8765'		Tubing Depth 8835'			
Perforations Two 1/2" jet shots/ft. @: 8765', 67, 76, 78, 79, 85, 91, 93, 8801, 03, 04, 05, 09, 12, 14, 17, 19, 22, 25, 27, 30, 32, 33, 34, 35, 36.					Depth Casing Shoe 8897'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	12-3/4"		305'		325			
11"	8-5/8"		3100'		250			
7-3/4"	5-1/2"		8997'		250			
	2-3/8"		8647'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/26/72	Date of Test 12/26/72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 150#	Casing Pressure Packer	Choke Size 28/64"
Actual Prod. During Test 380 BO	Oil-Bbls. 380	Water-Bbls. None	Gas-MCF 541.5

GAS WELL

Actual 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. CERTIFICATE OF COMPLIANCE

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

Stanley J. Bailey
(Signature)
Vice President of Exploration
(Title)
1/3/73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John Runyan
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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.