

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  
Page 1

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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:	Other (Please explain)  Effective March 1, 1988
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input 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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State AR</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Vacuum ABO North</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease <u>State</u>
Location <u>Unit Letter</u> <u>B</u> <u>470</u> Feet From The <u>North</u> Line and <u>1990</u> Feet From The <u>East</u>				
<u>Line of Section</u> <u>30</u> <u>Township</u> <u>17S</u> <u>Range</u> <u>35E</u> <u>NMPM</u> <u>Lea</u> <u>Cour</u>				

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>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) _____
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u> <u>667 Mill Lane</u>	Address (Give address to which approved copy of this form is to be sent) <u>1040 Plaza Office Building Bartlesville, OK</u>
If well produces oil or liquids, give location of tanks. <u>Unit</u> <u>B</u> <u>Sec.</u> <u>30</u> <u>Twp.</u> <u>17S</u> <u>Rge.</u> <u>35E</u>	Is gas actually connected? <u>No</u> When <u>Est. Feb. 7, 1978</u>

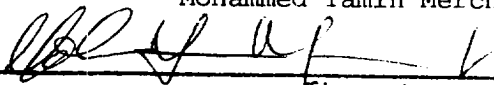
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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.

Mohammed Yamin Merchant



(Signature)

President

(Title)

February 19, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 23 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I 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 device 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, transporter, or other such change of condition.

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