Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		O TRAN	ISPO	RT OIL	AND NAT	URAL GA	S			 _		
Operator PENNIC OF	1 Corporation							025-03996				
Address POBOX 5	970,	the	16	<u></u>				597	0			
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator f change of operator give name and address of previous operator Phil	Oil Casinghead	Gas 🗌 (Dry Gas Condensa	ite 🗌	Efi	Tective 001 Pen	Date_			TX 7976		
I. DESCRIPTION OF WELL A	AND LEA	SE										
Lease Name Monument		Well No. Pool Name, Including Forms 1 Eumont Yates Queen								Lease Lease No. B-10164		
Location Unit LetterH	: 197	771	•		orth Line	and <u>660</u>	Fee	et From The	East	Line		
Section 12 Township	19-5	3	Range	36-E	, NI	ирм,	Lea			County		
III. DESIGNATION OF TRANS				NATUI	RAL GAS		. ,	6.11.6				
Name of Authorized Transporter of Oil	IA I	or Condens		\supset	ı	e address to wh						
Phillips Petroleum Company (Trucks) P.O. Box 791, Midland, TX 79702												
•	lame of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corporation							4044 Penbrook, Odessa, TX 79762					
If well produces oil or liquids,						Is gas actually connected? When ?						
give location of tanks.	<u> H</u>	<u> 12 </u>		36E	Yes	· - · · · · · · · · · · · · · · · · · ·	<u> i</u>	4-21	<u>-53 </u>			
f this production is commingled with that f	from any other	r lease or p	ool, give	commingi	ing order numl	ber:						
V. COMPLETION DATA		Oil Well		ıs Well	New Wall	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	 On wen	"	IR MCII	New Well	Workover	Deepen	Flug Dack	L.	<u></u>		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					1	Depth Casing Shoe						
	7	LIDING	CASIN	G AND	CEMENTI	NG RECOR	ח	<u> </u>				
110/F 017F		TUBING, CASING AND CASING & TUBING SIZE			CLIVILIA	DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				50, 111 521							
W TOOT DATE AND DECLE	T FOD A	I I OWA	DIE									
V. TEST DATA AND REQUES OIL WELL (Test must be after n	OI FUR A	LLUWA	LDLIE of load oi	il and must	he equal to or	r exceed top all.	owable for thi	t depth or be	for full 24 hou	rs.)		
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		oj toda ot	a ana musi	Producing M	ethod (Flow, pi	ump, gas lift, e	uc.)	<i>jui jui ii ii</i>			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF					
C. C. WITH I								1				
GAS WELL	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Actual Prod. Test - MCF/D	Length of Test			DOID. CONCUMENTATION								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief. Signature M. V. Merchant Printed Name 10/20/9 Date Telephone No.				OIL CONSERVATION DIVISION NOV 2 3 '92 Date Approved By								
Date		Tele	phone N	O.								

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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