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Appropriate District Office
DISTRICT | P.O. Box 1980, Hobbs, NM 88240

State of New Mexico 3y, Minerals and Natural Resources Departn

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., Aziec, NM 87410

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator			ANOI OIL	- 0	IL VIAD IA	AIUNAL	GA		11 A 54 K/			
PENROC OIL	CORPO	RATION	J						ell API No. マグレナ	1- t	14415	
Address P.O. Box 5	970	HOBBA	5 1/11		0244	6070			<u> </u>	,25 - [24415	
Reason(s) for Filing (Check proper b	(m)		3, 70701	80								
New Well	,	Change is	n Transporter o	ıf.		ther (Please e	ocplair	1)				
Recompletion	Oil		Dry Gas	<u>"</u>	rca.	ective go		, ,	102			
Change in Operator	Casingh	ead Gas	Condensate	$\bar{\sqcap}$	C146	etive go	₹ <i>9</i> 7).	1, 14	743			
if change of operator give name and address of previous operator	EXXON	CORA	PRATTON	<u></u>		P.O.	Во	× 16	00 . Mi	dland. 7	× 79702	
I. DESCRIPTION OF WE	LL AND LE	ASE										
Lease Name	deral	Well No.	Pool Name I	nchid	ine Enmette			1 ==:				
Lease Name 6.C. Fopeano	0 A/c Z	7	Gumon	T	447ES 7	RNURS C	Que	Kin Stat	d of Lease e (Federal) or 1	Fee	Lease No.	
Location Unit Letter	:/	980	Feet From Th	ie	Noz14 Li	ne and	23.	10	Feet From The	 . <i>(=</i> a	s≠ Line	
Section 35 Tow	nship Zo	o S	Range	36	s <i>e</i> .	Th draw d		Lea			LAUC	
											County	
II. DESIGNATION OF TR	ANSPORTE	CR OF O	L AND NA	TU	RAL GAS							
Shell Pipell		or Conden	sate		Address (Gi	ve address to	which	арргом	ed copy of this	form is to be :	seni)	
Name of Authorized Transporter of Co	Address (Give address to which approved copy of this form is to be sent) 1.0. 150× 1910 Midland, 7× 79702-1910											
@ GPM	or Dry Gas		Address (Gi	we address to s	which	d come of this form is to be and						
well produces oil or liquids,					4007 1411 01801			<u>c, c</u>	dena 14 79767			
ve location of tanks.		G 35		se l	is gas actually connected?			Whe	n?			
this production is commingled with the	at from any oth	er lease or p	ool, give comm	ningli	ng order num	ber:		Ц	/			
COMPLETION DATA		<u> </u>								<u> </u>		
Designate Type of Completion	on - (X)	Oil Well	Gas Wel	U	New Well	Workover	1	Эсерея	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Comp	l. Ready to I	Prod.		Total Depth	L			IDDED	<u></u>		
evations (DE DED DE CD					•				P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/(Self)	ay			Tubing Den	Tubing Depth		
									Depth Casin	g Shoe		
	'n	IRING C	'A SING AN	D C	TEL CEL WITH							
HOLE SIZE CASING & TUBING SIZE					ID CEMENTING RECORD							
		TODING SIZE				DEPTH SET				SACKS CEME	NT	
				+								
				_					ļ			
TEST DATA AND REQUE	ST FOR A	LOWAR	16	工					<u> </u>		i	
VY ELL (Test must be after	recovery of total	l volume of l	inie load oil and m	uet ha	agual to an a							
e First New Oil Run To Tank	Date of Test			Pı	roducing Med	nod (Flow, pu	wable	for this	depth or be fo	or full 24 hours	1.)	
gth of Test						ou (rion, pie	mp, g	25 igt, et	c.)			
Ren or test	Tubing Press	Tubing Pressure						Choke Size	Choke Size			
al Prod. During Test	Oil - Bbls.											
	Oil - Bols.	OII - Bbis.				Water - Bbis.				Gas- MCF		
S WELL	<u> </u>											
al Prod. Test - MCF/D	Length of Test											
Length of Test				Bbls. Condensate/MMCF				Gravity of Co	Fravity of Condensate			
g Method (pitot, back pr.)	Tubing Pressure (Shut-in)					72						
	·				Casing Pressure (Shut-in)			7	Choke Size			
OPERATOR CERTIFICA	ATE OF C	OMPI I	NCE	┧┌─							1	
THE THE PROPERTY OF THE PROPER		_		11	Oll	CONEC		11/A-	TION	11 44 4		
vision have been complied with and that the information given above true and complete to the best of my knowledge and belief.					OIL CONS RVAT				I ION D	TION DIVISION		
and belief.					Date ApprovedDEC 3 1'92							
Man Hiderale	ant.				-a16 /	hhi 0460						
manure M.Y. Merchant mid Name 12/31/92					By On	GINAL SIG	NEA	DV IP	BOV SPYSS			
nted Name		csiden	<i>f</i>		-, <u></u>	DISTRIC	CTI	SUPERV	VISOR	M		
12/31/92	(505)	Title	501		Title			· m : i !	UN			
e	(05)	Telephone	No.		. 1110							
NSTRUCTIONS: This form			- 10.									
WALLULIUNG This Come	in 4 - 1 - ma -			_								

IONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. Separate Form C-104 must be filed for each pool in multiply completed wells.

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OCD HORSE OFFICE