

DISTRIBUTION			
STATE			
FED.			
NO. 15.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
REGISTRATION OFFICE			

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

Supervisory Office
Effective 1-1-65

Operator

PENROSE-ZACHARY OPERATING CO.

Address

1605 COMMERCE BLDG., FT WORTH TX 76102

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

change of operator from
Penrose Production Co.

If change of ownership give name
and address of previous owner

II. IDENTIFICATION OF WELL AND LEASE

Lease Name HOUSE	Well No. 1	Pool Name, Including Formation House San Andres	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter D ; 660 Feet From The N Line and 660 Feet From The W Line of Section 13 Township 20 Range 38 , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Oil Corp	Address (Give address to which approved copy of this form is to be sent.) Box 1183 Houston Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Pipeline Co.	Address (Give address to which approved copy of this form is to be sent.) El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
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						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

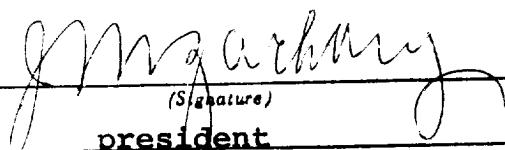
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.


(Signature)
president
(Title)

July 18, 1974

(Date)

AUGUST 1, 1974

to be, effective

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____ Orig. Signed by

Joe D. Ramey

TITLE _____ Dist. I, Supv.

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 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 completion.

Separate Forms C-104 must be filed for each well in multiple.