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## NEW MEXICO OIL CONCE

Line of Section 20 Township  DESIGNATION OF TRANSPORTER ( Name of Authorized Transporter of Oil X Navajo Crude Oil Purchasi Name of Authorized Transporter of Casinghea  If well produces oil or liquids, que location of tanks. Unit qive location of tanks. C  If this production is commingled with that COMPLETION DATA  Designate Type of Completion — ()	Change in Transports Oil Casinghead Gas  SE Well No. Pool Name  1 So. Eu Feet From The No 22S  OF OIL AND NAT or Condensate Ing Co. Id Gas or Dry Condensate Ing Co. Id Gas 22S	ON TO	Formation Kind State  R-Qu State  36E , NMPM,  GAS  Address (Give address to which No. Freeman Ave.	of Lease  of Federal or Fee Federal  Cain)  Lease No I.C.— 030132-			
I Change of ownership  Lease Name  CSO-Federal  Location  Unit Letter  Change of Section  Unit Letter  Case Name  CSO-Federal  Location  Unit Letter  Case Name  Name of Authorized Transporter of Oil  Navajo Crude Oil Purchasi  Name of Authorized Transporter of Casinghea  If well produces oil or liquids, qive location of tanks.  Completion DATA  Designate Type of Completion — ()	Change in Transports Oil Casinghead Gas  SE Well No. Pool Name  1 So. Eu Feet From The No 22S  OF OIL AND NAT or Condensate Ing Co. Id Gas or Dry Condensate Ing Co. Id Gas 22S	P702  er of:  Dry  Con  , Including  mice S  Tth  Range  URAL G	Other (Please expl  Gas Request 12  Gas Request 12  Grownian Kind  GR-Qu State  36E , NMPM,  GAS  Address (Give address to which No. Freeman Ave.	of Lease  of Lease  of Federal or Fee Federal  the approved copy of this form is to be sent)  Artesia. New Mexico 88210			
I RANSPORTER GAS  OPERATOR  PROPATION OFFICE  Operator  Penroc Oil Corporati  Address  P. O. Drawer 831, Mi  Reason(s) for filing (Check proper box)  New Well  Recompletion Change in Ownership  If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEAS  Lease Name  CSO-Federal  Location  Unit Letter C : 330  Line of Section 20 Township  I. DESIGNATION OF TRANSPORTER ( Name of Authorized Transporter of Oil X  Navajo Crude Oil Purchasi  Name of Authorized Transporter of Casinghea  If well produces oil or liquids, give location of tanks.  If this production is commingled with that  COMPLETION DATA  Designate Type of Completion — ()	Change in Transports Oil Casinghead Gas  SE Well No. Pool Name  1 So. Eu Feet From The No 22S  OF OIL AND NAT or Condensate Ing Co. Id Gas or Dry Condensate Ing Co. Id Gas 22S	P702  er of:  Dry  Con  , Including  mice S  Tth  Range  URAL G	Other (Please expl  Request 12  Request 12  Formation Kind  R-Qu State  36E , NMPM,  GAS  Address (Give address to which N. Freeman Ave.	of Lease  of Lease  Federal or Fee Federal  et From The West  Lea County  Artesia. New Mexico 88210			
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this production is commingled with that COMPLETION DATA  Designate Type of Completion - ()			Is gas actually connected?	When			
Designate Type of Completion - ()	from one other land	36E		l when			
Designate Type of Completion - ()	from any other leas	se or pool	, give commingling order number	Pr.			
				er:			
Date Spudded Date (	X)	Gas Well	New Well Workover Deep	pen Plug Back Same Res'v. Diff. Res'v			
	Compl. Ready to Prod		Total Depth				
\$			Total Depth	P.B.T.D.			
levations (DF, RKB, RT, GR, etc., Name	of Producing Formatio	on	Top Cil/Gas Pay	Tubing Depth			
erforations				Jepun			
Perforations				Depth Casing Shoe			
	Tilblue						
HOLE SIZE C	ASING & TUBING	SING, ANI	D CEMENTING RECORD				
	THE TOBING	312.6	DEPTH SET	SACKS CEMENT			
	<del></del>						
EST DATA AND REQUEST FOR ALI L WELL	LOWABLE (Test	must be a	fter recovery of total volume of loa	nd oil and must be equal to or exceed top allow-			
ate First New Oil Run To Tanks   Date of		jor this de	Prit of be jor just 24 hours				
			Producing Method (Flow, pump,	gas lift, etc.)			
ength of Test Tubing	Pressure		Casing Pressure	Choke Size			
	·						
ual Prod. During Test Oil-Bb	ls.		Water-Bbls.	Gas - MCF			
as well							
tual Prod. Test-MCF/D   Length	of Tes:		Bbls. Condensate/MMCF				
		!	Doie: Condensate/MMC;	Gravity of Condensate			
sting Method (pitot, back pr.) Tubing F	Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size			
RTIFICATE OF COMPLIANCE			OIL CONSER	RVATION COMMISSION			
erahy postify that the subsection and are true	• • • • •	- 11					
ereby certify that the rules and regulation mission have been complied with and	that the information	11		. 19			
ve is true and complete to the best of	my knowledge and	belief.	BYUris Si	nad :			
			BY Original Jerry Sex	ten			
$\partial \Omega \Omega$				The state of the s			
2 (1/1/100	4	$\parallel$	This form is to be filed	in compliance with RULE 1104.			
	7	<del></del>	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.				
(Signature)	٧						
(Signature) President			All sections of this form able on new and recompleted	must be filled out completely for allow-			
President (Title)		17					
President		_	Fill out only Sections I	. II. III, and VI for changes of owner, porter, or other such change of condition.			