

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

UNIT NO.	
FILE	
U.S.G.M.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator _____

Penrose Production Company

Address _____

1605 Commerce Building, Fort Worth, Texas 76102

Reasons for change (Check proper box)

New Well	☐	Change in Transporter oil		Order (Please explain) Change of lease name from L. G. Warlick to L. G. Warlick "B"		
Incompletion	☐	Oil	☐		Dry Gas	☐
Change in Ownership	☒	Casinghead Gas	☐		Condensate	☐

If change of ownership give name and address of previous owner Amerada Hess Corporation, Box 591, Midland, Texas 79701

IX. LOCATION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
L. G. Warlick "B"	2	Drinkard	State, Federal, or Fee Fee	
Location				
Unit Letter	1980	Feet From The	north	Line and
				1980
			Feet From The	east
Range	19	Township	21S	Range
				37E
			NMPM	Lea
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipe Line Co.					Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐					Address (Give address to which approved copy of this form is to be sent)	
Skelly Oil Co.					Box 1351, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	19	21S	37E	Yes	2-1-64

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

V. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL VOLUME

(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 Cr. 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	Bldg. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Barbara Smith
(Signature)
Production Records Manager
(Title)
November 1, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 18 1972, 1972
BY John Runyan
TITLE Geologist

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi/played wells