

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Penrose Production CompanyAddress 1605 Commerce Building, Fort Worth, Texas 76102Reason(s) for filing (Check proper box) Change in Transporter of:
☐ New Well ☐ Oil ☐ Dry Gas ☐
☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐
☒ Change in Ownership ☐ Other (Please explain) _____If change of ownership, give name and address of previous owner Amerada Hess Corporation, Box 591, Midland, Texas 79701

II. GENERAL DATA OF WELL AND LEASE

Lease No.	Well No.	Pool Name, Unit, and Formation	Kind of Lease	Lease No.
State "EO"	2	Penrose Skelly Grayburg	State, Federal or Fee State	31040
Location				
Unit	2310	Feet From The	north	Line and
				886.4
				Feet From The
				West
Range	19	Township	21S	Range
				37E
				MMPM
				Lea
				County

III. 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
Penrose Production Company	1605 Commerce Bldg., Fort Worth, Texas 76102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 19 21S 37E	Yes 2-26-64

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

IV. COMPLETION DATA

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (OF, RNB, 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

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or b. 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-Bois.	Water-Bois.	Gas-MCF
Grav. Cond.			
Actual Prod. Test-MCF/D	Length of Test	Bois. 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.

Charles E. Smith
(Signature)
Production Records Manager
(Title)

November 1, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 13 1972, 19
Orig. Signed by John Runyan
Geologist
TITLE _____

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 multiply completed wells.