

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

Form O-104
Supersedes O-104 and O-110
Effective 1-1-65

JUL 5 1966

Penrose Oil Company

Box 1081 Midland, Texas

Location of well (For proper box)

Other (Please explain)

Change in Trans. meter oil

Oil

Dry Gas

Change in Trans. meter gas

Gasoline Gas

Condensate

Effective June 1, 1966

If change in ownership, give name and address of previous owner

Penrose Production Co

1335 Commerce Bldg. Midland, Tex.

Section, Township, Range

Lease No.

Well No.

Pool Name, including Formation

Kind of Lease

Section

8.732

1

Midland

State, Federal, etc.

Unit

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

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1

1

1

1

1

1

1

1

1

1

1

1

1

Section

19

Township

21

Range

17

County

17

County

Name of American Transporter of Oil or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of American Transporter of Gasoline Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

When produced or received, give date of transfer

Unit

Sub.

Top.

Age.

Is gas currently connected?

When

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

21-21-64

Identify Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Resv. Diff. Resv.

Date Spilled

Date Compl. Ready to Prod.

Total Depth

Prod. T.D.

Elevations (WT, NAD, RT, Oil, etc.)

Name of Producing Formation

Top Oil/Gas Pay

casing Depth

Perforations

Depth Casing Shoe

TOOL JOINT AND JOINT LOSS RECORD

HOLES AND

CHASING & TAPPING HOLES

JOINT LOSS

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of test oil and must be equal to or exceed top allow-
able for this depth of well for this test)

Date First Test Oil Run To Tank

Date of Test

Producing Interval (Flow, pump, gas lift, etc.)

Length of Test

Testing Procedure

Casing Pressure

Check Size

Interval from Bottom Test

Oil-Base

Water-Base

Gas-MOF

Interval from Test-MOF/D

Length of Test

Base. Condensate/MOF

Gravity of Condensate

Testing Interval (Flow, pump, gas lift)

Testing Procedure

Casing Pressure

Check Size

COMPLETION OF COMPLETION

OIL CONSERVATION COMMISSION

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.

APPROVED _____, 1966

BY _____

TITLE _____

This form is to be filed in compliance with Rule _____

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 11.

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 IV for changes of casing, well name or number, or transporter, or other such change of conditions.

Separate Forms O-104 must be filed for each pool in multiple.

Oil Lang

Oil Lang

Oil Lang

July 5, 1966

Date