

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

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

NAME		
ADDRESS		
CITY		
STATE		
ZIP		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATION		
OPERATION OFFICE		
Operator		

Penrose-Zachary Operating Co.

Address

1605 Commerce Building, Fort Worth Texas 76102

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>
Deepening	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Other (Please explain)

change of operator from
Penrose Production Company

If change of ownership give name
and address of previous owner

LOCATION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Hinton	9	Drinkard	State, Federal or Fee FEE

Location	Unit	Feet From The	Line and	Feet From The
	I	990	E	2310

Section	Township	Range	NMPM	Lea
12	22	37		

LOCATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline Co.	Box 1510 Midland Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Co.	P.O. Box 1650, Tulsa, Okla. 74102					
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 Test	Drill
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing, ft.							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACCEMENT

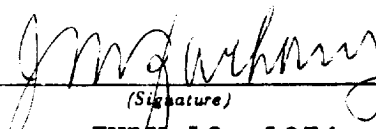
V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed cop all
able for this depth or be for full 24 hours)

Run 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
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
JULY 18, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1974

BY _____
Orig. Signed by
Joe D. Ramey
Dist. I. Supy.

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

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

Fill out only Sections I, II, III, and VI for changes of well
well name or number, or transporter, or other such change of conductive
Separate Forms C-104 must be filed for each well in multiple

TO BE EFFECTIVE AUGUST 1, 1974