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|------|-------------------|----------|--|
| 1 | NO. OF COPIES REC | | |
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| Ī | SANTA FE | | |
| | FILE | | |
| Ī | U.S.G.S. | u.s.g.s. | |
| | LAND OFFICE | | |
| | TRANSPORTER | OIL | |
| | | GAS | |
| | OPERATOR | | |
| ١. ا | PRORATION OFFICE | | |
| | Operator | | |

.EW MEXICO OIL CONSERVATION COMMISSIX REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

| H | FILE | ו ולפטבאו | AND | Effective 1-1-65 | | |
|---|--|---|---|---|--|---|
| - | U.S.G.S. | AUTHORIZATION TO TRAN | NSPORT OIL AND NATURAL G | AS | | |
| Ì | LAND OFFICE | AGMORIZATION TO THE | | | | |
| | I RANSPORTER OIL | | | | | |
| | GAS | | | | | |
| - | OPERATOR | | | | | |
| 1. | Operator | | | | | |
| | Penroc Oil Corporation | | | | | |
| | dress | | | | | |
| | P. O. Drawer 831 | , Midland, Texas 79701 | Other (Please explain) | | | |
| | Reason(s) for filing (Check proper box) | | Other (Please explain) | | | |
| New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership effect: Change in Ownership Y Casinghead Gas Condensate | | | | | | |
| | | | | | | Ĺ |
| | If change of ownership give name and address of previous owner | Tenneco Oil Company, P | . 0. Box 1031, Midland, | Texas 79701 | | |
| and address of previous owner | | | | | | |
| II. | DESCRIPTION OF WELL AND | Federal Lease No. | | | | |
| | Lease Name Cline-Federal | Well No. Pool Name, Including For Langlie-Mattix | 1 | | | |
| | Location | | | | | |
| | Unit Letter E ; 2310 | Feet From The North Line | and 330 Feet From 7 | The West | | |
| | | | _ | | | |
| | Line of Section 15 Tov | waship 23 South Range 37 | East , NMPM, Lea | County | | |
| | | TOO OF OUR AND NATURAL CAS | 3 | | | |
| II. | Name of Authorized Transporter of Oil | FER OF OIL AND NATURAL GAS | Address (Give address to which approx | ed copy of this form is to be sent) | | |
| | 1 | Pipe Line Company | P. O. Box 1510, Midlan | d, Texas 79701 | | |
| | Name of Authorized Transporter of Cas | Singhead Gas X or Dry Gas | P. O. Box 1510, Midlan Address (Give address to which approx | | | |
| | Skelly Oil Compar | | P. O. Box 1135, Eunice | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? Whe | en . | | |
| | give location of tanks. | N 15 23 S 37 E | | | | |
| | | th that from any other lease or pool, a | give commingling order number: | | | |
| ν. | COMPLETION DATA | Oll Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completic | $\operatorname{on} = (X)$ | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | | | Top Oil/Gas Pay | Tubing Depth | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top On/ Gds Pdy | | | |
| | Perforations | | | Depth Casing Shoe | | |
| | , character | | | | | |
| | | | CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| v | TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a) | fter recovery of total volume of load oil | and must be equal to or exceed top allow- | | |
| ٠. | OIL WELL | and for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas li | ft_etc.) | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Fibe, pamp, 200 | ,,, ,,,,, | | |
| | | Tubing Pressure | Casing Pressure | Choke Size | | |
| | Length of Test | Tubing Float and | • | | | |
| | Actual Prod. During Test | Oil-Bbis. | Water-Bbls. | Gas-MCF | | |
| | | | | | | |
| | · | | | | | |
| | GAS WELL | The state of Trees | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | Actual Prod. Test-MCF/D | Length of Test | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| | , calling memory (process) | | | | | |
| vi | CERTIFICATE OF COMPLIAN | ICE | OIL CONSERVA | ATION COMMISSION | | |
| ¥ 4. | | | C Provide Calif | | | |
| | I hereby certify that the rules and | regulations of the Oil Conservation | 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 allow- | | | |
| | a testes been complised | with and that the information given e best of my knowledge and belief. | | | | |
| | | | | | | |
| | PENROC OF | CORPORATION | | | | |
| | Der 1/2 | 1.1 | | | | |
| | | nature) | | | | |
| | Secretary- | | | | | |
| | | itle) | able on new and recompleted weils. | | | |
| | • | Describer 21 1970 | | | | |
| | (E | Date) | well name or number, or transporter, or other such change of condition. | | | |

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.

OIL CONSERVATION COLLIN