

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PENROC OIL CORPORATION		Well API No.
Address P.O. Box 5970 Hobbs NM 88241-5970		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective November 1, 1991
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name KELLY STATE	Well No. 4	Pool Name, including Formation LANGLIE MATHIX SRQ/GRAYBURG	Kind of Lease (State/Federal or Fee) State	Lease No. E4958
Location				
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The WEST Line				
Section 16 Township 23S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, NM 88241	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> ED Richardson Carbon & Gasoline Co	Address (Give address to which approved copy of this form is to be sent) FIRST CITY BANK TOWER, 201 MAIN ST, FT WORTH, TX 76101	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?
	Yes	NA

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 Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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

OIL WELL

(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 Oil Run To Tank	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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
MOHAMMED YAMIN MERCHANT - PRESIDENT
Printed Name
10/28/91
Date
(505) 397-3596
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **10/30/1991**

By **ORIGINAL SIGNED BY JERRY STYTON**
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
OCT 29 1991
HOBBS

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OCT 29 1991
HOBBS

OIL CONSERVATION DIVISION
P. O. BOX 1088
SANTA FE, NEW MEXICO 87501

WELL INFORMATION	
WELL NUMBER	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ZACHARY OIL OPERATING COMPANY

Address 1212 Commerce Building, Fort Worth Texas 76102

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Operator from Millard Deck
Recompletion <input type="checkbox"/>	(deceased) effective November 1, 1981
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
KELLY STATE	4	Langlie Mattix Seven Rivers Queen	State, Federal or Free State	E 4758
Location				
Unit Letter	N	Sec. 28S	Line and 1980	Feet From The W
Line of Section	10	Range 37E	N.M.P.M.	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Gas	Address (Give address to which approved copy of this form is to be sent)	
Chatter Creek Oil Co. - <i>Indust New Mexico</i>	5550 Broadway Houston Tex 77012	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	P. O. Box 1492 El Paso Tex 79978	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually collected?

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Depth	Drill Deeper
Date Spudded	Date Casing Ready to Prod.		Total Depth		P.B.T.D.			
Levellers: DA, HAE, AT, GA, etc.	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Remarks					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be either recovery of total volume of fluid or must be equal to or exceed top of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Flowing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Shut-in	Water-Flooding	Gas-MCF

GAS WELL

Date First New Gas-MCF Run To Tanks	Date of Test	Boils. Condensate/MMCF	Gravity of Condensate
Length of Test	Flowing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carmen Rose
(Signature)
Vice President - Secretary
10/15/81
(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 3 1981**, 19
Orig. Signed by
BY **Jerry Sexton**
Dist 1, Supr
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 O-104 must be filed for each part in multiply completed wells.