

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
PENROC OIL CORPORATION

Address
P.O. BOX 5970, HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) OCTOBER 1, 1988
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner
APOLLO OIL COMPANY, P.O. BOX 1737, HOBBS, NEW MEXICO 88241

II. DESCRIPTION OF WELL AND LEASE

Lessee Name LA MUNYON FEDERAL	Well No. 1	Pool Name, including Formation LANGLIE MATTIX 7-RIVERS QUEEN-68	Kind of Lease State, Federal or Fee FEDERAL	Lease LC030187
Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line of Section 21 Township 23S Range 37E , NMPM, LEA Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO TRADING AND TRANSPORTATION, INC. NAVARO R.F.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 5588, DENVER, COLORADO 80217
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 1492, EL PASO, TEXAS 79978
If well produces oil or liquids, give location of tanks. Unit M Sec. 21 Twp. 23S Rge. 37E	Is gas actually connected? YES When 3-25-59

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

M. Y. Merchant
(Signature)

PRESIDENT

(Title)

OCTOBER 1, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1988
BY _____
Orig. Signed by Paul Kautz
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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.