Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTRA	ANSPORT	OIL AND N	DAUTHOR JATURAL (RIZATIOI RAS	Ŋ			
Operator PENROC	OIL	~			MICHAE	We	API No.			
Address		CORP	ORAL				7 , ,			
Reason(s) for Filing (Check proper	5970		Hobbs		88241					
New Well	 /	Change in	Transporter of:		Other (Please ex	plain)				
Recompletion	Oil		Dry Gas		Elle = 7	4.	novemo	1.	1601	
Change in Operator	Casingh	ead Gas 🔀	Condensate		Coon		, with	rec 1, 1	777	
and address of previous operator			-						***********	
II. DESCRIPTION OF WI	ELL AND LE	EASE								
Lease Name	Well No. Pool Nam							Lea	ease No.	
Location	<i>FEDERAL</i>	1 4	LANGLI.	E MAtt	IX 7-RIV	ers () Sim	e (Federal or Fee	LC 03	0187	
Unit Lotter	:-	660	Rest Prom The	North	19	ien	_	(1) to a.C.		
Section 2/ Tor	waship 2	- ^				80	Feet From The	West	Line	
					NMPM,			LEA	County	
III. DESIGNATION OF TI	RANSPORTE	or Condens	L AND NAT	TURAL GAS	<u>3</u>					
NAVA 10 REFININ	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Caringhard God				P.O. NRAWER 159 Actesia NM 88					, 882	
If well produces oil or liquids,	TO RICHARDSON CARBON & GASOLINE CO				Address (Cive address to which approved copy of this form is to be sent) HRST City Bank Tower, 201 Main St. Habreth					
give location of tanks.	Unit	7/1		10 800 00000	is compered.	Whe	n 7.		rech 1	
If this production is commingled with IV. COMPLETION DATA	that from any oth	er lease or po	238 37 XI. give commi	ngling order num	<u>'E3</u>		4.8.	5 9	· · · · · · · · · · · · · · · · · · ·	
										
Designate Type of Complete	ion - (X)	Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back Sa	me Res'v D	iff Res'v	
Date Spudded	Date Comp	Date Compi. Ready to Prod.			Total Depth		I BBTD			
Elevations (DF, RKB, RT, GR, etc.)	Name of D						P.B.T.D.			
	LANDS OF 1-D	oducing Form	antion .	Top Oil/Gas Pay			Tubing Depth			
Perforations	· · · · · · · · · · · · · · · · · · ·						Depth Casing Si	200	· · · · · · · · · · · · · · · · · · ·	
	77	IDDIC C						~		
HOLE SIZE	CAS	TUBING, CASING AN CASING & TUBING SIZE)				
P		UNGING & TOBING SIZE			DEPTH SET			SACKS CEMENT		
1417										
		···								
V. TEST DATA AND REQUI	EST FOR AL	LOWABI	LE				· · · · · · · · · · · · · · · · · · ·			
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of lola	l volume of lo	ad oil and mus	be equal to or e	xceed top allow	able for this	depih or be for fu	ll 24 hows.)		
	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Press.	170		Casing Pressure)		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oli Pul								
	Oii • 80is.			Water - Bbis.			Gas- MCF			
GAS WELL				<u> </u>						
Actual Prod. Test - MCF/D	Length of Tes			Bbis. Condensa	e/MMCF		Gravity of Conden	LAIR		
Testing Method (pitot, back pr.)	Tuhing Pressu	- /Chut in								
	1 301116 1 10000	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF C	OMPI IA	NCE	Γ					<u></u>	
i nerecy certify that the rules and recru	lations of the Cit.	C		01	L CONS	ERVA ⁻	TION DIV	ISION		
Division have been complied with and is true and complete to the best of my	that the informat	ia::	IV6							
120 11		1		Date A	pproved .		JUI SU			
Signature Signature				D. OPIGINAL CICATED BY						
MONAMMED TAMIN MERCHANT- PORIDENT				By ORIGINAL SIGNED BY JERRY SUXTON DISTRICT I SUPERVISOR						
Printed Name.	Title				Title					
Date	(202)	397-35 Telephone		7 IVIO						

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
- 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.

PSC TOTAL

OCT 29 1991

HOBSS OFFICE