

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERMITS OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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

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

Lease Name LA MUYON FEDERAL	Well No. 4	Pool Name, including Formation LANGLIE MATTIX 7-RIVERS QUEEN-G	Kind of Lease State, Federal or Fee FEDERAL	Lease LC030187
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1981.4</u> Feet From The <u>WEST</u> Line of Section <u>21</u> Township <u>23S</u> Range <u>37E</u> , NMPM, LEA				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> TEVACO TRADING AND TRANSPORTATION, INC. <u>Navajo Ref.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 5568, DENVER, COLORADO 80217</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" 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) <u>BOX 1492, EL PASO, TEXAS 79978</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>21</u> Twp. <u>23S</u> Rge. <u>37E</u>	Is gas actually connected? <u>YES</u> When <u>4-8-59</u>

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 NOV 01 1988, 19

BY Paul Kautz

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 able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi.
Separate Forms C-104 must be filed for each pool in mul: completed wells.

RECEIVED

OCT 31 1988

OCD
HOBBS OFFICE