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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Azzec, NM 87410	REQU	JEST FO	OR A	LLOWAB ORT OIL	LE AND A	UTHORIZ	S				
perator								Well API No. 30-025-22738			
Penroc Oil Corporation								<u> </u>			
Address P. O. Box 5970, Ho	obbs,	NM 882	41-5	970							
leason(s) for Filing (Check proper box)					Othe	s (Please expla	in)				
lew Well	0"	Change in	Transp Dry G		Ef	fective	Septemb	er 2, 19	93		
Accompletion	Oil Casinghes	⊿ Gas □	Conde				-				
change of operator give name Texaco					O, Hobbs	, NM 882	241				
d address of previous operator DESCRIPTION OF WELL A	ND LE	ASE									
Lease Name	me Well No. Pool Name,			iding Formation			Kind of Lease State, Federal or Fee		145870		
Cotton Draw Unit		72	Pa	duca De	laware N	orth					
ocation	. 660		F 1	The Si	outh Lim	and 66	50 F a	et From The _	East	Line	
Unit Letter P	:000		_ real i							County	
Section 33 Township	245		Range	e 32E	, NI	ирм,	L	ea		County	
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATU	RAL GAS			and this fo	orm is to be te	ent)	
Name of Authorized Transporter of Oil	or Conde	n sale		Address (GIV	e address to wh						
Texaco Trading & Tran			or Dry Gas		P.O. Box 60628, Midland Address (Give address to which approved a 4044 Penbrook, Odessa,			copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casing GPM Gas Corporation	ncad UAS										
If well produces oil or liquids,	Unit	Sec.	Twp	•	1 -	y connected?	When				
ive location of tanks.	K	34		1S 32E	Yes			02/21/71			
this production is commingled with that f	rom any ot	her lease or	pool, g	give comming	ing order num	ber:				5 6 2 1	
Designate Type of Completion	. (20)	Oil Wel	1	Gas Well	New Wall	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Date Spudded		api. Ready i	o Prod.		Total Depth		. 	P.B.T.D.			
•	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formston								Depth Casing Shoe			
Perforations								Бери Сам	.g .s.~		
		TUBING	, CAS	SING AND	CEMENTI	NG RECOR	മ				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
								-			
	ļ				 						
	 				 						
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E				in dansk om ka	for full 24 ho	ues)	
OIL WELL (Test must be after t	ecovery of	total volum	e of loa	d oil and mus	be equal to o	r exceed top all lethod (Flow, p	iowable for th	etc.)	JOT JULI 24 NO		
Date First New Oil Run To Tank	Date of T	Cest			Liouveille IA				 		
Length of Test	Tubing Pressure			Casing Pressure Water - Bbls.			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.						Gas- MCF				
					1						
GAS WELL	-,,	/ To-2			Rhie Conde	nmic/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D Length of Test								TA The Stee			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATEC	F COM	PLL	ANCE		OIL CO	NCEDY	ΔTION	DIVISI	ON	
I hereby certify that the rules and regu	lations of t	he Oil Coms	ervatio	O.						<u>_</u> ,,	
Division have been complied with and	that the in	formation g	IVED BO	ove	~		SE SE	P 17 19	133		
is true and complete to the best of my	()	,			Dat	e Approv			 		
1 for file					В.,		Dr	ig. Signed	by		
Signature			Dra	sident	By.			Paul Kau Geologis	1		
Mohammed Yamin Merch	iant		Titl	e	Title	e		,			
09/15/93				97-3596		·					
Date		T	elephor	ne No.	11						

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.