-+	
Submit 5 Copies	
Appropriate District Office	
DISTRICT I	
P.O. Box 1980, Hobbs, NM	89140
1.0. DOV 1700, DOOD, 1401	004/4V

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

			•		-	-		~
DISTRICT III								

1000 Rio Brazos Rd., Aziec, NM 87410

State of New Mexico Ene., Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTRA	NSPORT (OIL AND N	ATURAL	GAS				
Openator PENROC OIL CORE						Wel	API No.	21-7	Veril	
Address	UTATION .					1	$\partial C = C$	25-2	4514	
P. O. BOX 5970	HOE	BBS, NM	88241-597	70			-			
Reason(s) for Filing (Check proper bo	x)			0	ther (Please exp	xain)				
Recompletion	Oil	Change in	Transporter of: Dry Gas	7						
Change in Operator		ad Gas 🔀	Condensate		Effective	e Janu	ary 1, 19	992		
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WEL	T AND TE									
Loase Name	L AND LE	Well No.	Pool Name, Incl	luding Formation		Kind	of Leade			
MADERA COMM.		1	Antel	ope Ridge	e-Morrow		Federal or Fee		Lesse No. 5W906	
Location		1000								
Unit LetterC		1980	Feet From The	West L	ae and6	<u>60</u>	Peet From The	North	Line	
Section 11 Town		S	Range 34	E.,	NMPM.			T	County	
M DESIGNATION OF T				~~~~ <u>~</u>				Lea_	County	
III. DESIGNATION OF TRA Name of Authonized Transporter of Oil		OF OF OI	L AND NAT	URAL GAS						
Scurlock Permian Con							d copy of this for			
Name of Authorized Transporter of Cal	inghead Gas		or Dry Gas	Address (G)	BOX 464	B Houst	on, TX d copy of this for	77210-4	648	
Sid Richardson Carbo		line Co	<u>).</u>	First	City Bank	TOWOX	201 Main	ការរេខ្ សេះ ភាព សា	en) orth <u>.</u> 76	
give location of tanks.	Umuit I C	Sec.	Twp. Rg 2451 34E	ter in Ann scont	y connected?	When	0 7		<u>or cn. 1x</u> /6	
If this production is commingled with th IV, COMPLETION DATA	at from any oth	Her lease or p	24S $34E$	E N/.	A		<u>N/A</u>			
V. COMPLETION DATA	·									
Designate Type of Completio	n - (X)	Oil Well	Ges Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		A. Ready to 1	Prod	Total Depth	<u> </u>	1	4		_i	
							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	Top Oil/Ges Pay Tubing Depth						
Perforations										
							Depth Casing	Shoe		
	Т	UBING, C	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	ING & TUB	ING SIZE		DEPTH SET		SA	CKS CEME	NT	
				+						
				·						
. TEST DATA AND REQUE	ST FOR A	LLOWAE	BLE		والمراجعة المراجع	····				
IL WELL (Test must be after rate First New Oil Run To Tank	Date of Test	al volume of	load oil and musi	t be equal to or	exceed top allow	wable for this	depih or be for	full 24 hours	<u>r.)</u>	
	Date of feat			Producing Me	thod (Flow, pun	rợ, gas lýi, ei	c.)			
ength of Test	Tubing Press	lure		Casing Pressui	Casing Pressure					
ctual Prod. During Test	Oil - Bbls.									
	011 - 5011.			Water - Bbis.			Gas- MCF			
AS WELL				<u></u>					J	
ctual Prod. Test - MCF/D	Length of Te	¢l		Bbis. Condense	ie/MMCF	r	Gravity of Cond	ensate		
sung Method (pilot, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressun	e (Shut-in)		Choke Size			
				·						
I. OPERATOR CERTIFIC I hereby certify that the rules and regula			ANCE	0						
Division have been complied with and i	hat the information	tion riven a	bove						N	
is true and complete to the best of my is	nowledge and	belief.		Date	Approved		I E B	1 132		
(becaude 10	le_	L			1010 M					
Signature		· · · · · · · · · · · · · · · · · · ·		By	······································	S.			•	
Mohammed Yamin Mer	nant		ident							
2/10/92	EDE D			Title_						
Dale	<u> </u>	97 <u>-3596</u> Telephoc								

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.

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