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

State of New Mexico Linergy, 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		New Mexico 87504-2088	
1000 Rio Brazos Rd., Aztec, NM	REQUEST FOR ALL	OWABLE AND AUTHOR	IZATION
I.	TO TRANSPO	RT OIL AND NATURAL G	AS
Operator PENROC A	IL CORPORATION		Wall API No.
Address Pro. Box	5970 Hobbs		7770
Reason(s) for Filing (Check prop	97 box) F10 BBS	NM 88241- Other (Please exp	
New Well	Change in Transports	r of:	· .
Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensa	Effective	november 1, 1991
If change of operator give name and address of previous operator			
II. DESCRIPTION OF V	VELL AND LEASE		
VILADERA Com		e, Including Formation Cope RIDGE—Mor.	Kind of Lease Lease No. State, Federal or Fee
Location Unit Letter	10.0		
//	4.4.0		60 Feet From The NORTH I
· · · · · · · · · · · · · · · · · · ·	Cownship 245 Range	34E , NMPM,	LEA Count
III. DESIGNATION OF 'Name of Authorized Transporter of	TRANSPORTER OF OIL AND	NATURAL GAS	
Scurlock Perm	ian Traco	Address (Give address to what will him address to what	ich approved copy of this form is to be sent)
The or Authorized Transporter o	Casinghead Gas or Dry Gas	NOCITEM (CINE address to wh	ich approved copy of this form is to be sent
SID RICHARDSON If well produces oil or liquids,		D. Treat City bank Tor	ver, 201 MAIN St. Fluorth, TX
give location of tanks.	(// 249)	Rge. 18 gas actually connected?	When 7
IV. COMPLETION DATA	th that from any other lease or pool, give oc	orumingling order number:	7.7.7.7
Designate Type of Compl	etion (X)	Well New Well Workover	Deepen Plug Back Same Res'v Diff Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		·	P.B.T.D.
·	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		4AV 47	
TEST DATA AND REQUIL WELL Test must be a	UEST FOR ALLOWABLE		
Pate First New Oil Run To Tank	fter recovery of total volume of load oil and Date of Test	I must be equal to or exceed top allowed Producing Method (Flow, pumy	able for this depth or be for full 24 hours.)
ength of Test		Troubling Intolica (Friori, plany	, gw iyi, sic.y
·	Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
SAS WELL			
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I, OPERATOR CERTIF	TCATE OF COMPLIANCE	— _[
I hereby certify that the rules and n	egulations of the Oil Conservation	OIL CONS	ERVATION DIVISION
Division have been complied with a is true and complete to the best of a	and that the information given above		
160.	Spirke and	Date Approved	
Signature	yw jac m.	- RV ORIGINAL SIC	MED RY IRECT CURTOM

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.

Title.

DISTINCT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.

RECEVED

OCT 29 1991

04-3 Norus office