

DISTRIBUTION			
ANTA FE			
ILE			
I.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Penroc Oil Corporation	
Address P. O. Drawer 831, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Madera-Comm.	Well No. 1	Pool Name, Including Formation Antelope Ridge-Morrow	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>C</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u>				
Line of Section <u>11</u> Township <u>24 S</u> Range <u>34 E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119, Midland, Tx. 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Tx 79978 Atten					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 24S	Rge. 34E	Is gas actually connected? No	When est. 7/1/74

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9/6/73	Date Compl. Ready to Prod. 3/15/74	Total Depth 14,100'		P.B.T.D. 14,060'				
Elevations (DF, RKB, RT, GR, etc., 3481.1 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,524'		Tubing Depth 13,405'				
Perforations 13,524-533; 13,540-552; 13,554-561; 13,564-576; 13,652-660; 13,723-744' (2 shots/ft.)		Depth Casing Shoe 14,059'						
TUBING, CASING, AND CEMENTING RECORD Tbg - 2-3/8" @ 13,405'								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		349'		700			
13 1/2"	10 3/4"		5199'		375			
9 1/2"	7 5/8"		12099'		375			
7 7/8"	5" liner		Top-11,666', Bottom-14,060'		600			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D COF 1.440	Length of Test 4-point	Bbls. Condensate/MMCF 51.77	Gravity of Condensate 45.9°
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 4259#	Casing Pressure (shut-in) Packer	Choke Size 13/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. J. Diller
(Signature)

President
(Title)

May 24, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple