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State of New Mexico Energy, 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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| 00 Rio Brazos Rd., Aztec, NM 87410 | REQUE | EST FO | RAL | LOWAB | LE AND A | UTHORIZ | ZATION | | | | |
|---|----------------------------------|-------------------------------|----------|---------------|-----------------|--|------------------|-----------------|-----------------------|------------|--|
| | T | O TRAI | NSPC | PRIOIL | ANU NA I | URAL GA | | PI No. | | | |
| erator | | 30-02 | | | | 5-27186 | | | | | |
| Penroc Oil Corpo | ration | | | | | | | | | | |
| P. O. Box 5970, | Hobbs N | м 8824 | 1-59 | 70 | | | | | | | |
| ason(s) for Filing (Check proper box) | 11000037 1. | 002 | | | Othe | x (Please expla | úr) | | | | |
| ew Well | (| Change in | Тиалерон | nter of: | | | o (| 2 10 | 0.3 | | |
| ecompletion | Oil | | Dry Ga | , <u>U</u> | Ef | fective | Septemb | er 2, 19 | 193 | | |
| hange in Operator | Casinghead | Gas 🔲 | Conden | sate 🔲 | | | | | | | |
| change of operator give name Texa | CO E&P.I | nc. P | . 0. | Box 73 | O, Hobbs | , NM 882 | 241 | | | | |
| address of previous operator | | , | | | | | | | | | |
| . DESCRIPTION OF WELL | AND LEA | SE | | | | · · · · · · · · · · · · · · · · · · · | Kind | x Lease | Le | ase No. | |
| ease Name | | Well No. Pool Name, including | | | | & Lottmann | | | Foderal or Fee 145870 | | |
| Cotton Draw Unit | | 74 | Pad | uca De. | laware N | OLCII | | | | | |
| ocation | 66 | .0 | | Sc | outh . | e and |) TC:- | et From The | West | Line | |
| Unit LetterN | _ : | | Feet Fr | om The | Lin | e and | | Et Ploit The - | | | |
| Section 34 Towns | hin 245 | . | Range | 32E | . N | MPM, | Lea | | | County | |
| Section 34 Towns | nip | | 100 La | | | | | | | | |
| I. DESIGNATION OF TRA | NSPORTE | R OF O | IL AN | D NATU | RAL GAS | | | 6 d 1 to 6 | is to be se | -1) | |
| lame of Authorized Transporter of Oil | | or Conden | sale | | | e address to w | hick approved | COPY OF INUX | 79 711- 0 | 628 | |
| Texaco Trading & Tra | Texaco Trading & Transport, Inc. | | | | | P. O. Box 60628, Midland, TX 79711-0628 | | | | | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas | | | | | Address (Gin | Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, TX 79762 | | | | | |
| GPM Gas Corporation | | | | | 10 When | | | | | | |
| f well produces oil or liquids, | Unit | Sec. | Twp. | Rge. | 1 - | Yes | 177 1151 | 04/27/8 | 31 | | |
| ve location of tanks. | <u> </u> | 34 | 245 | | | | | | | | |
| this production is commingled with the | at from any oth | er lease or | boor' & | Ae COLIERTING | TITE OLDER DOTT | | | | | | |
| V. COMPLETION DATA | | Cil Wall | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | n - (X) | Oil Well | · 1 ' | GES TIFE | | | i | <u> </u> | 1 | | |
| | Date Com | d. Ready u | Prod. | | Total Depth | | | P.B.T.D. | | | |
| Pale Spudded Date Compl. Ready to Prod. | | | | | | | | | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas | Top Oil/Gas Pay | | | Tubing Depth | | |
| Meradom (24) 1862) to 1 decided | | | | | | | | Depth Casi | na Shne | | |
| Perforations | | | | | | | | Depui Casi | ag Cilov | | |
| | | | | | CTL CL T | DIC DECOI | 9.0 | | | | |
| | | TUBING, CASING AND | | | | DEPTH SET | | | SACKS CEMENT | | |
| HOLE SIZE | HOLE SIZE CASING & TUBING SIZE | | | | | DEF IN OCT | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQU | EST FOR | ALLOW | ABLE | <u> </u> | | | | | | | |
| V. TEST DATA AND REQU OIL WELL — (Test must be afte | er recovery of t | otal volume | of load | oil and mus | n be equal to | or exceed top a | llowable for i | his depth or be | for full 24 ho | WS.) | |
| Date First New Oil Run To Tank | Date of To | | | | Producing h | Method (Flow, | pump, gas lift | , etc.) | | | |
| New Indian Course to term | | | | | | | | Choke Siz | | | |
| Length of Test | h of Test Tubing Pressure | | | | Casing Pro | ente | | COURT SILV | Andrea arm. | | |
| | | | | | | The state of the s | | | Gas- MCF | | |
| Actual Prod. During Test | Oil - Bbls | Oil - Bbls. | | | | Water - Bbls. | | | | | |
| | | | | | | | | | | | |
| GAS WELL | | | | | | | | Convinu of | Condensate | | |
| Actual Prod. Test - MCF/D | Length of | Length of Test | | | | Bbis. Condensate/MMCF | | | July of July | | |
| | | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | |
| Tosting Method (pitot, back pr.) | Tubing P | | | | | | | | | | |
| - | | | | | | | | | | | |
| VI. OPERATOR CERTIF | ICATE O | F COM | PLIA | NCE | 11 | | NSFR' | VATION | DIVISI | ON | |
| I hamby agrifu that the rules and n | egulations of th | e Oil Coms | ervalion | | | | CED | 17 199 | 3 | | |
| Division have been complied with | and that the imi | oummon R | MACH MOO | ove . | _ | | - - · | T 1 100 | ~ | | |
| is true and complete to the best of | my knowledge | and Delief. | | | ∥ Da | te Approv | | | | | |
| 11 84 65 6 | | | | | | Signed by | | | | | |
| VI TUT | | | | | | By Orig. Signed by. | | | | | |
| Signature Mohammed Yamin Mer | chant | | Pres | ident | | | Ĝ | eologist | | | |
| Printed Name | <u> </u> | | Title | | Tit | le | | | | | |
| 09/15/93 | | | | 7-3596 | | | | | | | |
| Date | | Т | elephone | e 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.

RECEIVED

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OFFICE