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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Penroc Oil Corporation		Well APN No. 30-025-11486
Address P. O. Box 5970, Hobbs, NM 88241-5970		
Reason(s) for Filing (Check proper box) New Well ☐ Other (Please explain) ☐ Recompletion ☐ Change in Transporter of: ☒ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
Effective NOV 1, 1993		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Langlie Jal Unit	Well No. 9	Pool Name, Including Formation Jalmat Yates 7 - Rivers	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter P : 990 Feet From The East Line and 330 Feet From The South Line Section 7 Township 25S Range 37E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ EOTT Energy Corp	Address (Give address to which approved copy of this form is to be sent) Box 4666 Houston TX 77210-4666					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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			

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 100 allowable for this depth or be for full 24 hours)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		
GAS WELL		Bbls. Condensate/MMCF	
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Mohammed Yamin Merchant
Printed Name
11-10-93
Date
President
Title
(505) 397-3596
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 10 1993

By JERRY SEXTON
SUPERVISOR

Title

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.