

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

L.

I. REQUEST TO TRANSPORT OIL AND NATURAL GAS

Operator Penroc Oil Corporation Well API No. 30-025-11509

Address P. O. Box 5970, Hobbs, NM 88241-5970

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☒ Dry Gas ☐

Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator [REDACTED] Effective Nov. 1, 1993

II. DESCRIPTION OF WELL AND LEASE

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Lease Name South Langlie Jal Unit	Well No. 5	Pool Name, Including Formation Jalmat Yates 7 - Rivers	Kind of Lease State, Federal or <u>Fee</u>	
Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>25S</u> Range <u>37E</u> , <u>NMPM</u> Lea Country				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

IV. COMPLETION DATA

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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

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load)

AND REQUEST FOR ALLOWABLE
(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.)
Producing Method (Flow, pump, gas lift, etc.)

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 Rse To Tank	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

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pucl, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL 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.

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Signature
Mohammed Yamin Merchant
President

Printed Name
11-10-93
Title
(505) 397-3596

Date
Telephone No.

OIL CONSERVATION DIVISION

NOV 23 1992

Date Approved

By WILLIAM C. GIBSON, JR. ARMY SECTION

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.

