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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	V	Santa F	P.O. Box e, New Mex	: 2088 i co 875 04	1-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	r FOR /	ALLOWABL	E AND A	UTHORIZ	ATION			÷	
I.	TO TRANSPORT OIL AND NATURAL (
Operator Penroc Oil Corporation					30-025-11614					
Address										
P. O. Box 5970, Ho	bbs, NM	88241-	5970	Other	r (Please explai	A)				
Reason(s) for Filing (Check proper box) New Well	Chan	ge in Tran	sporter of:				2 100	. 2		
Recompletion	Oil	Dry	Gas 📙	Ef	fective	Septembe	er 2, 199	73		
Change in Operator	Casinghead Gas		deamle		NW 002	41				
If change of operator give name and address of previous operator Texas	co, 5Inc.	, P. O	. Box 730	, HODDS	, NM 662	41				
II. DESCRIPTION OF WELL A		Injection Kind of Lease No.				e Na				
South Langlie Jal	Wet	No. Poo Ja	Name, Includia Imat Yate	s 7 - R	ivers		ederal or Fee			
Location G	. 1980	Fea	From The	ast Line	and23	10 Fee	t From The	North	Line	
Unit Letter	i							Lea	County	
Section 18 Township	25S	Rar	ige 371	: <u>, NA</u>	viPM,					
III. DESIGNATION OF TRANS	PORTER O	F OIL	AND NATUE	CAL GAS				_ is to be see	··	
Name of Authorized Transporter of Oil	[X] [/] or C	condensate			e address to wh	ich approved	copy of this join	m is io oe se n 7001	'	
Shell Pipeline Co.						2099 Houstory, TX 77001 s to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casing	Mod Cas [-\			in Stree	t, Et.	Werth, Th	x 76102		
Sid Richardson a	Um Sec	Tw	p Rye		y connected?	When	7			
give location of tanks.	i i `	/		Yes		N/I	A			
If this production is commingled with that f	rom any other le	ass or pool	, give commingli	ing order num	ber:					
IV. COMPLETION DATA		il Well	Gas Well	New Wall	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Compl. R	eady to Pro	<u> </u> 	Total Depth	J.,		P.B.T.D.			
Date Spunded				The Californ	Dav		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	, GR, etc.) Name of Producing Formation									
Perforations	L						Depth Casing	Shoe		
		210.0	COLC AND	CEMENT	NG RECOR	2D	<u> </u>			
	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASIN	CASING & TUBING SIZE								
								······································		
				ļ						
V. TEST DATA AND REQUES	T FOR ALI	OWAB	LE	<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of lotal	volume of	load oil and must	be equal to o	r exceed top all	lowable for the	is depth or be f	or full 24 hour	78.)	
Date First New Oil Run To Tank	Date of Test			Producing N	dethod (Flow, p	भगके दिया हो।				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbi	Water - Bbis.			Gas- MCF		
	1							4		
GAS WELL Actual Prod. Test - MCF/D	Leagth of Tes			Bbis. Cond	Bbis. Condenente/MMCF			Gravity of Condensate		
CANNOT FIND FAM INC.			· · · · · · · · · · · · · · · · · · ·	Casing Pressure (Shus-in)			Choke Size			
Testing Method (pilot, back pr.)	Tubing Press	ure (Shut-m		· · · · · · · · · · · · · · · · · · ·						
VI. OPERATOR CERTIFIC	ATE OF C	OMPL	LANCE		OIL CO	NSERV	/ATION	DIVISIO	N	
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 betief.				Date Approved SEP 17 1993						
la afec Col										
				Ву	By Original Rauts					
Signature Mohammed Yamin Merchant President										
Printed Name		(505)	โมle 397-3596	Tit	le					
09/15/93 Date		•	hone 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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells. with Rule 111.
- 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.