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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
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.	
Operator Penroc Oil Corporation	Well API No. 30-025-11619
Address P. O. Box 5970, Hobbs, NM 88241-5970	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective September 2, 1993 Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Texaco, Inc., P. O. Box 730, Hobbs, NM 88241	

II. DESCRIPTION OF WELL AND LEASE		Injection	
Lease Name South Langlie Jal Unit	Well No. 13	Pool Name, Including Formation Jalmat Yates 7 - Rivers	Kind of Lease State, Federal or Fee
Location Unit Letter A : 990 Feet From The East Line and 990 Feet From The North Line Section 18 Township 25S Range 37E , NMPM, Lea County		Lease No.	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Injection	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Off/Condensate <input type="checkbox"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2099, Houston, TX 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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.	Twsp.
			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	
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.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	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 top allowable for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water - Bbls.
	Gas- MCF

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

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	President
Printed Name 09/15/93	Title (505) 397-3596
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved SEP 17 1993	
By	Orig. Signed by Paul Kauta Geologist
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.