Submit 5 Copies
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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTE	ANSP	ORT OIL A	E AND AL ND NATU	JRAL GAS	WALL A DI	No			
rator		Well API No.								
PENROC OIL CORPOR										
P. O. BOX 5970,	HOBBS, NEW	MEXIC	0 88241	Other	(Please explain)					
son(s) for Filing (Check proper box)		in Transp	porter of:	_			- 1 100	20		
ompletion	Oil	Dry C			rive date					
inge in Operator	Casinghead Gas ONTO PETROL		ensate	NATIA TO	ROAD, HOB	BS, NEW	MEXICO	88240		
ange of operator give name address of previous operator PRO	ONTO PETROL	EUM,	703 EAST	NAVAJO .	ROLLS, CO.					
DESCRIPTION OF WELL	AND LEASE					Kind of	Lease	NM 12	se No.	
ase Name	lo. Pool Name, Including Formation LANGLIE MATTIX 7RQ-GR			State, Federal or Fee		NM 12363				
HARRISON	2	LA	NGLIE MAI	IIIA /Itq				TACT		
cation	. 2310		From The So	OUTH Line	99	O Feet	From The	EAST	Line	
Unit LetterI	_:	Feel				LEA			County	
Section 22 Townshi	ip 25S	Ran	ge 37E	, NA	ирм,					
300002			NITS BLATTER	AT GAS	SCURL	OCK PERMI	IN CORP E	+ 9-1-91		
. DESIGNATION OF TRAN	NSPORTER OF	odensale	CO NATUR	Address (Giv	e address to whi	ch approved o	opy of this fo	orm is 10 be ser c 77001	u)	
ame of Authorized Transporter of Oil	<u> </u>			P. O. BOX 1183, HOUSTON, TEXAS 77001 Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TEXAS 77001 Address (Give address to which approved copy of this form is to be sent)						
PERMIAN GORPORATION OF Authorized Transporter of Casin	nghead Gas	X or I	Ory Gas	Address (Giv	OX 1492,	ich approved (RT PASO	TEXAS	79910	- /	
EL PASO NATURAL GAS CO	OMPANY			P. O. B	y connected?	When	7			
well produces oil or liquids,	Unit Sec.	Tw:	•	NO	y comoco.	i				
ve location of tanks. this production is commingled with that	I 22	se or pool	give comming		iber:					
this production is commingled with this V. COMPLETION DATA	it from any other for	20 0. p 00.				1	Diva Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Well	Gas Well	New Well	Workover	Deepen				
Designate Type of Completion	Date Compl. Re	ady to Pro	xd.	Total Depth			P.B.T.D.			
Jate Spunder				Top Oil/Gas	Pav		Tubing Depth			
levations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Form	ation	Top Oir One	,			Tuoing Depart		
	į			1			To at Cont	ng Shoe		
							Depth Casi	ag one		
Perforations							Depth Cast			
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Perforations HOLE SIZE	TUB	ING, C.	ASING AND	CEMENT	TNG RECOR	RD	Depth Cast		MENT	
	TUB	ING, C.	ASING AND NG SIZE	CEMENT	TNG RECOR	ND -	Depth Cast		MENT	
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HOLE SIZE V. TEST DATA AND REQUOIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTII I hereby certify that the rules and Division have been complied with its true and complete to the best of	CASING JEST FOR ALI Jer recovery of total Date of Test Tubing Pressur Oil - Bbls. Length of Test Tubing Pressur FICATE OF Cregulations of the Oh and that the inform of my knowledge and the company of the Comp	COMPINITION OF THE PROPERTY OF	BLE load oil and mustin) LIANCE ration on above	St be equal to Producing Casing Pre Water - Bi Bbls. Con Casing Pr	or exceed top at Method (Flow,) sesure bls. OIL CC ate Approv	ONSER'	Gravity of Choke Size	SACKS CEN e for full 24 ho ce F Grandensate ize V JERRY SE	ION x4:	

- 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.
- 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.

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Energy, Minerals and Natural Resources Department

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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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

•			41101	FOR LOIL	אמו טמא.	I UNAL GA	43				
Operator			-				Well	API No.			
Pronto Pet	roleum						:				
Address											
703 E/ Nav	<u>rajo Roa</u>	d, Ho	bbs	, N, 8	38240	et (Please expl	-i-1				
New Well	2K)	Change is	Trans	porter of:		ы (Гівшя втри	un)				
Recompletion	Oil		Dry								
Change in Operator X	Casinghea	ıd Gas	, ,	iensate							
f change of operator give name	, , ,	<u> </u>)	2 4	. ()						
nd address of previous operator	nierica	<u> </u>	1 per	Ryation	<u> </u>			<u> </u>			
L DESCRIPTION OF WE	LL AND LE	ASE									
Lease Name Harrison			1	Name, Includi	•			of Lease		ease No.	
		2	Lai	ngile ma	LLIX /F	iv. QU-G	В же	Federal or Pe	NM 1	2383	
Location											
Unit Letter	<u> </u>	2310	_ Feet	From The	South Lin	e and99	<u>0 </u>	et From The	East	Line	
Section 22 Tow	nahip 25	S	Rang	æ 37E	NT.	MPM.		,	Lea	a	
Section 22 10W		<u> </u>	Хацу	<u>ge </u>	, 171	virivi,			Lea	County	
II. DESIGNATION OF TR	ANSPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of C		or Conde				e address to wi	tich approved	copy of this f	orm is to be se	ent)	
German	<u> </u>				ļ						
Name of Authorized Transporter of C	* 17 O. I.	\mathbf{Z}	or D	ry Gas 🔙	Address (Giv	e address to wi	tich approved	copy of this f	form is to be se	mi)	
	Paro Hall Nas Co					N 00000-40	1 112	2			
it well produces ou or liquids,	rell produces oil or liquids, Unit Sec location of tanks.		. Twp. Rge.		is gas actually connected? When			. 7			
f this production is commingled with	that from any oth	er lease or	pool. 1	give comming	ing order num	ber:					
V. COMPLETION DATA			p, (—			-			
		Oil Wel	ī	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet		1	1			<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	
Date Spudded	Date Com	pi. Ready t	o Prod.	•	Total Depth			P.B.T.D.			
Clause (DE DED DE CD	Nows of P	A F			Top Oil/Gas	Pav					
Elevations (DF, RKB, RT, GR, etc.)	Name of P	rooucing r	OHNALK	012	Top Oil Oil	· • y		Tubing Depth			
Perforations							Depth Casing Shoe				
									- G		
	7	TUBING	, CAS	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
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		·		·				·-			
									-		
V. TEST DATA AND REQ	UEST FOR	LLOW	ARL	E.	<u> </u>						
_	fler recovery of to				be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Te					ethod (Flow, pr			, ,		
ength of Test Tubii		ubing Pressure				TLE		Choke Size			
		Oil - Bbls.						Geo MCF			
Actual Prod. During Test	Oil - Bbls.							Gas- MCF			
					<u> </u>			!			
GAS WELL		Т4			Thus Co.				C		
Actual Prod. Test - MCF/D	Length of	i est			Bbls. Conder	IERE/MMCF		Gravity of	condensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Press	ure (Shut-in)	 :	Choke Size					
оншу тичной (риск, ойск рт.)	Tooms 11		~ /			,,					
VI. OPERATOR CERTII		COM	DT TA	NCE							
					(OIL CON	ISERV	ATION	DIVISIO	NC	
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 a	nd belief.			Date	Approve	d	MAY	2 3 199	J U	
	61					, whhicae	·				
Jemus Vo	000				By_	∩ Blo	illiai cica				
Signature)						URIG	DISTRIC	T I SUPERV	CRY SEXTO	ı M	
Printed Name /			Title		Tala		PISTRIC	I I SUPERV	/INOR		
4/24/90		50	95-	<u>392-56</u> 80	Title						
Date		Tel	ephone	No.							

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