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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

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	٦	TO TRA	NSPOR	TOIL	AND NA	TURAL G					
I. TO TRANSPORT OIL Operator PENROC OIL CORPORATION								API No.			
PENROC OIL CORPO	RATION										
P. O. BOX 5970, F	HOBBS. N	NEW MEX	CICO 88:	241		•					
Reason(s) for Filing (Check proper box)				- : =	a	ner (Please expl	lain)				
New Well			Transporter	of:	EFFI	ECTIVE DA	TE: AUG	UST 1, 1	990		
Change in Operator XXX	Oil Casinghead		Dry Gas Condensate	H						,	
If change of operator give name DDON					NAVAJO 1	ROAD, HOE	BS. NEW	MEXICO	88240		
and an area of previous operator							,				
II. DESCRIPTION OF WELL Lease Name			Deal Name	În abreli	aa Kamatiaa		V:- A	of Lease	 -	ease No.	
HARRISON		Well No.						Federal or Fee		32579	
Location	<u></u>		<u> </u>				<u>-</u>				
Unit Letter,I	: 165	0	Feet From 7	The	SOUTH Li	e and	<u>0 </u>	et From The _	EAST	Line	
Section 22 Township	. 25S		Banca 31	7E		nome I	.EA			Carratur	
Secuon - Township			Range 3			MPM,				County	
Mame of Authorized Transporter of Oil XXX or Condensate Authorized Copy of this form is to be sent)											
THE PERMIAN CORPORATE		or Conden	tale)	l .						
Name of Authorized Transporter of Casing		XXX	or Dry Gas					Copy of this form is to be sent)			
EL PASO NATURAL GAS	· · · · · · · · · · · · · · · · · · ·							O. TEXAS 79910			
If well produces oil or liquids, give location of tanks.	•		Twp.		Is gas actual						
If this production is commingled with that f	J	22	25S 3		NO	.					
IV. COMPLETION DATA	rom any one	tricate or p	xxx, give coi	រណោមគឺរ	ing order num						
Designate Type of Completion	~	Oil Well	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded		Pendy to	Provid		Total Depth	L	<u> </u>				
Date Compl. Ready to Prod.								P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations						_		Depth Casing Shoe			
									,		
	CEMENTI	NG RECOR	D	·							
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
											
V. TEST DATA AND REQUES	T POD AT	CI OWA	DIE								
OIL WELL (Test must be after re				d must i	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test		,			sthod (Flow, pu			. / 		
								To 1 0			
Length of Test	Tubing Pressure				Casing Press	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
							 				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	nsi			Bbis. Conden	sate/MMCF		Gravity of Co	anden sate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	ŀ		(
VI. OPERATOR CERTIFICA	ATE OF	COMPI	LIANCE								
I hereby certify that the rules and regular						DIL CON	-				
Division have been complied with and the is true and complete to the best of my kn			a above					AU6 -	7 1000	•	
220 12	n	1		ĺ	Date	Approved	d		ı ıssy		
los the					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature MOHAMMED YAMIN MERCHA	NT T	RESIDE			By_	· · · · · ·	District	BUTERVIS	OR	<u></u>	
Printed Name	<u> </u>		Title	-	Title						
_8-3-90 Date	(505		-3596 hone No.						······································		
- 		reich	TOUR LTG.	I	1						

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.

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OIL CONSERVATION DIVISION

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1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	I	OTRA	<u>INSP</u>	ORT OIL	AND NA	TUHAL GA		****			
Operator							Well A	.PI No.	- 		
Pronto Petro	leum						1				
703 E. Navaj	o Posá	- u	bba	NTM (38240						
Reason(s) for Filing (Check proper box)	U KUAL	A, DO	בנוני	e tara c		et (Please expir	2in)		 -		
New Well		Change in	Тгавар	orter of:							
Recompletion	Oil		Dry G								
Change in Operator X	Casinghead	Gas 🗌	Conde								
f change of operator give name and address of previous operator	631.CA	ا ل	ELE	Gerati	in C	<u> </u>					
			17		-						
L. DESCRIPTION OF WELL A		Well No.	Pool N	iame, Includir	e Formation		Kind o	f Lesse	1	ase No.	
Harrison	1	3	Langlie Mattix SR-QU-GB					Federal dicke		32579	
Location			1 200	1,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4		K QU QD					
Unit Letter J	. 1	650 _	Feet F	rom The So	outh Lin	e and16	50Fe	et From The	E	ast Line	
								•			
Section 22 Township	25S		Range		37E , N	MPM,	<u> </u>	Le	a	County	
TI DESIGNATION OF TRANS	CDADTEI	OFA	TT AN	JIN NIATTI II	DAT CAS						
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Conde		רביים היי		e address to w	hich approved	copy of this fo	orm is to be se	nd)	
Fermian)	$\mathbf{\Xi}$			<u> </u>							
Name of Authorized Transporter of Casing		X	or Dry	Gas	Address (Giv	e address to w	hich approved	copy of this fo	orm is to be se	nt)	
El faso Math	Lac	_ Co_									
If well produces oil or liquids, rive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	y connected?	When	?			
f this production is commingled with that f		r less	2004 ci	ve commiscii	no onter ese	her					
I this production is commingled with that I V. COMPLETION DATA	TOTH ALLY CURE	n rease of	para, gi	AS ANIMINES	THE CHOCK BILLING						
		Oil Wel	$\overline{}$	Gas Weii	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	<u>. j</u>				İ	İ		<u> </u>	ĺ	
Date Spudded	Date Comp	. Ready to	o Prod.		Total Depth			P.B.T.D.	P.B.T.D.		
TI /DE DED DE CO	Top Oil/Gas	Pav		Table 7							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				- OF CIPOSE	• - y		Tubing Depth			
Perforations						Depth Casing Shoe					
					CEMENTI	NG RECOR		,			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
								ļ			
								!			
	!										
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		!			<u> </u>			
OIL WELL (Test must be after re					be equal to o	exceed top all	owable for thi	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ethod (Flow, p	ump, gas lift, e	uc.)			
					Casina Para			Choke Size			
Length of Test	Tubing Pressure				Casing Press	wit .		CHORD SIZE			
ctual Prod. During Test Oil - Bbls.				Water - Bbis			Gas- MCF				
OH DUIS.											
GAS WELL	4										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	neate/MMCF		Gravity of Condensate			
					L						
Testing Method (pitot, back pr.)	Tubing Pres	saure (Shu	t-in)		Casing Press	ure (Shut-in)		Choke Size			
	1				1						
VL OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE]] ,		UCEDV	ΔΤΙΩΝΙ	טואופוע	M	
I hereby certify that the rules and regulations of the Oil Conservation]] '		NOET V				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAY 2 3 1990						
					Date	Approve	ea			-	
					By_						
Signature							ORIGINA	LSIGNED	BY JERRY S	EXTON	
Printed Name Title					DISTRICT I SUPERVISOR						
Chuis Woods	S	50	5-3,	9)-5688	Title					_	
Date 4/26/90)		Tel	ephone	No.							

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