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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

| STRICT II<br>D. Drawer DD, Ariosia, NM 88210   |                                      | Santi          | P<br>a Fe, N                     | O. Box               | ; 2088<br>ico 87504                       | -2088  |                              |                          |                 |             |  |
|--|--------------------------------------|----------------|----------------------------------|----------------------|---|--|------------------------------|--------------------------|-----------------|-------------|--|
| STRICT III OO Rio Brazos Rd., Azzec, NM 87410  | REQUE                                | CT FOR         | 3 A11 C                          | OWABL                | E AND A                                   | UTHORIZ  | ATION                        |                          |                 |             |  |
|  | TO TRANSPORT OIL AND NATURAL GAS     |                |                                  |                      |   |  | Wall AP                      | No.                      | - 262           | 193         |  |
| Penroc Oil Corpora   | tion                                 |                |                                  |                      |   |  | 30                           | $\frac{1}{U}$            |                 |             |  |
| dress<br>P. O. Box 5970, Ho  |                                      | M 8824         | 1-5970                           | )                    |   |  |                              |                          |                 |             |  |
| P. O. BOX 5970, He ason(s) for Filing (Check proper box)   |                                      |                |                                  |                      | Other                                     | (Please explain  | 4)                           |                          |                 |             |  |
| ·₩ ₩•II ∐  | OXI (                                | in T           | <del>Jaasportei</del><br>Dry Ces | , og:                |   | No   | OV                           | 1, 19                    | 93              |             |  |
| completion   | Casingbood                           | Oss 🗍 🤆        |                                  |                      |   |  |                              |                          |                 |             |  |
| hange of operator give name address of previous operator   |                                      |                |                                  |                      |   |  |                              |                          |                 |             |  |
| DESCRIPTION OF WELL A  | ND LEA                               | SE             |                                  |                      |   |  | Kind of                      | Lease                    | Las             | us Na       |  |
| South Langlie Jal  | MAN LAW LAWS ampliant                |                |                                  |                      | s 7 - R                                   |  |                              |                          |                 |             |  |
|  | 0.120                                |                |                                  |                      |   |  |                              |                          | East            | 1:          |  |
| Unit LetterI   | : 19                                 | 231            | Pool From                        | The _S               | outh Lim                                  | and11  | 11 F••                       | L From Tos               |                 | libs        |  |
|  | 25S                                  |                | Range                            | 37E                  | , NA                                      | лъм,   |                              |                          | Lea             | County      |  |
| Section 18 Township  |                                      |                |                                  |                      |   |  |                              |                          |                 |             |  |
| I. DESIGNATION OF TRANS  |                                      | or Condens     | LAND                             | NATU                 | Address (Gin                              | eddress to wh  | ich approved                 | copy of this fo          | rm u to be se   | ~)          |  |
| ame of Authorized Transporter of Oil   |                                      |                |                                  |                      | ъ О                                       | BOX 41666  | Houst                        | on, TX 7º                | 7210-46         | <u> </u>    |  |
| EOTT ENCHY COPP<br>are of Authorized Transporter of Canage   | Transporter of Campiness Cas         |                |                                  |                      |   | Address (Give address to which approved copy of this form u to be sen)  201 Main Street, Ft. Worth, TX 76102 |                              |                          |                 |             |  |
| Sid Richardson Ga  | Sid Richardson Carbon & Gasoline Co. |                |                                  |                      | is gas actually connected? When ? Yes N/A |  |                              | 7                        |                 |             |  |
| well produces oil or liquids,<br>ve location of tanks.   | Out See                              |                |                                  | <u> </u>             |   |  |                              |                          |                 |             |  |
| this production is commingled with that f  | TOTAL BELY OLD                       | ner lease or p | pool, grve                       | comming              | ing order sum                             | ber:   |                              |                          |                 |             |  |
| COMPLETION DATA  | .00                                  | Où Well        | G                                | Mell                 | New Woll                                  | Workover   | Deopea                       | Plug Back                | Same Res'v      | Diff Rail'y |  |
| Designate Type of Completion   | Date Compl. Ready to Prod.           |                |                                  |                      | Total Depth                               |  |                              | P.B.T.D.                 |                 |             |  |
|  | Name of Producing Pormation          |                |                                  |                      | Top Oll/Clea Pay                          |  |                              | Tubing Dep               | Tubing Depth    |             |  |
| devadons (DF, RKB, RT, GR, etc.)   | 1000mg 10                            |                |                                  |                      |   |  | Depth Casing Shoe            |                          |                 |             |  |
| attorations  |                                      |                |                                  |                      |   |  |                              |                          |                 |             |  |
|  |                                      | TUBING.        | CASIN                            | IG AND               | CEMENT                                    | NG RECOR   | D                            | ·                        | SACKS CEM       | ENT         |  |
| HOLE SIZE  | CASING & TUBING SIZE                 |                |                                  |                      | DEPTH SET                                 |  |                              | SACKS CEMEIL!            |                 |             |  |
|  |                                      |                |                                  |                      |   |  |                              |                          |                 |             |  |
|  | ļ                                    |                |                                  |                      |   |  |                              |                          |                 |             |  |
|  |                                      |                |                                  |                      |   |  |                              |                          |                 |             |  |
| TEST DATA AND REQUES  IL WELL (Test must be after to   | T FOR                                | ALLOW A        | ABLE<br>of load o                | d and mus            | t be equal to o                           | e exceed top all   | onable for the               | s depth or be            | for full 24 hou | <b>61</b> ) |  |
| OIL WELL (Test must be after to<br>Date First New Oil Rus To Tank  | Date of T                            | ed             | <b>V</b> /                       |                      | Producing N                               | Method (Flow, p  | ump, gas lift,               | etc.)                    |                 |             |  |
|  | Tubing Pressure                      |                |                                  | Cassag Pressure      |   |  | Choke Size  Gee- MCF         |                          |                 |             |  |
| Length of Test   |                                      |                |                                  |                      |   |  |                              |                          |                 |             |  |
| Actual Prod. During Test   | Oil - Bbi                            |                |                                  |                      | Water - Bbi                               | ٠<br>  |                              |                          |                 |             |  |
| GAS WELL   | <u> </u>                             |                |                                  |                      |   |  |                              | Convir of                | Conden mis      | <u> </u>    |  |
| Actual Prod. Test - MCF/D  | Length of Test                       |                |                                  | Bols, Condensus/MMCF |   |  |                              |                          |                 |             |  |
|  | Tubing P                             | Teenure (Shu   | 4·m)                             | <del></del>          | Casing Pres                               | MIN (Shut-12)  |                              | Choke Siz                | 6               |             |  |
| Testing Method (puot, back pr.)  |                                      |                |                                  |                      |   |  |                              |                          |                 |             |  |
| VL OPERATOR CERTIFIC   | CATE O                               | F COM          | PLIAN                            | NCE                  |   | OIL CO   | NSERV                        | 'ATION                   | DIVISI          | ON          |  |
| THE PARK SHARE SHA | disciones of the                     | M ON COMM      | ALL DOMESTIC                     |                      |   |  |                              |                          |                 |             |  |
| Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.   |                                      |                |                                  |                      | Da  | Date Approved Nul 2 9 1993   |                              |                          |                 |             |  |
| 120011   | 0                                    | 7 (            |                                  |                      |   |  |                              |                          |                 |             |  |
| ween   | pear                                 |                |                                  |                      | Ву  | ORIGINA  | <u>l Digned</u><br>Isto i Le | By Berna                 | SEXTON          |             |  |
| Signature<br>Mohammed Yamin Merch  | nant                                 |                | Presi                            | dent                 | Tri                                       |  | report for the S             | ws 2.02 ± 2.02<br>—————— | N               |             |  |
|  |                                      |                | Title                            |                      |   | <b>H</b>   |                              |                          |                 |             |  |

Printed Name 11-10-93

Date

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

Title

Tille (505) 397-3596

- 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.