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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Universal Resources Corporation
Address 11100 N. 1st Avenue N.E., 3555 NW 58, Okla. City, Okla. 73112
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grigsby-Federal	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-9007
Location Unit Letter D ; 890 Feet From The North Line and 790 Feet From The West Line of Section 7 Township 25N Range 10W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 100, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N P C	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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.
		X	X					
Date Spudded 2-11-74	Date Compl. Ready to Prod. 3-29-74	Total Depth 6267'	P.B.T.D.					
Elevations (DF, R&B, RT, GR, etc.) GR 6422.02'	Name of Producing Formation Dakota	Top Oil/Gas Pay 6086'	Tubing Depth 6086'					
Perforations 6086-68, 6115-13, 6126-28, 6132-39, & 6143-45			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	205'	140					
8-1/4"	4-1/2"	6267'	537 CF (1st stage)					
			1175 CF (2nd stage)					

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 Tanks 3-24-76	Date of Test 4-19 thru 4-20-76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 48 hr.	Tubing Pressure 232#	Casing Pressure 378#	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 5.5	Gas - MCF 2.33

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. N. Baker
(Signature)

Agent

(Title)

April 23, 1976

(Date)

OIL CONSERVATION COMMISSION

APR 26 1976

APPROVED
Original Signed by A. R. Kendrick

BY
TITLE SUPERVISOR DIST. #5

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.