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Appropriate District Office
DISTRICT 1
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

ī.		TO TRA	NSP	ORT OIL	AND N	AT	URAL G	AS	3						
Operator		_					····		1	I API No.			2 -		
Greenwood Hold	ings	Inc.								<u> 30-0</u>	120	5-22	694		
Address		450		_ ,			444						7		
5600 S. Quebec St	., Sui	te 150-	-C .	<u>Englewo</u>											
Reason(s) for Filing (Check proper box)			_			Other	(Please exp	dain	)						
New Well		Change in	-												
Recompletion	Oil		Dry G	_											
Change in Operator	Casinghes	d Gas	Conde	ensate											
If change of operator give name and address of previous operator	oberts	& Hama	amck	Inc.											
•													<del></del>		
II. DESCRIPTION OF WELL	AND LE		<del>,</del>												
Lease Name	Well No.				ing Formation Kir ey Permo Penn Sta							Lease No.			
Graham State ("B"	<del></del>	3	NOT	th bay	ey ren	110	renn		300	E, AQUELAI	AT. PG	K	-3837		
Location					_			40	001			_			
Unit LetterI	_ :	6601	Feet F	From The	<u> </u>	ine a	and	19	80'	Feet From	The .			Line	
							i								
Section 30 Township	<u> 11S</u>		Range	<u>33E</u>		NM	PM, L	ea					Cour	rty	
III. DESIGNATION OF TRAN				ND NATU											
Name of Authorized Transporter of Oil	$\overline{}$	or Conden	Sale				address to					orm is to be	t sent)		
Amoco that Co.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P.O. Box 561 Tulsa, 0							<del></del>		
Name of Authorized Transporter of Casing	y Gas	Address (Give address to which approved P.O. Box 1588 Tulsa, 0						11/15 f	orm is so b	t sent)					
Warren Petroleum Co.	1		Twp.					,	<del></del>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Rge.	· .	connected?	nected?   When   N/A									
	LA_	30	<u> 115</u>	/ / 002	<u>  Yes</u>		<del></del>		N/	A					
If this production is commingled with that:	from any oth	ser lease or	pool, g	ave comming	ing order m	ımbe	r								
IV. COMPLETION DATA				<u> </u>	. — —			_,_		_,			,		
Designate Time of Completion	<b>~</b>	Oil Well	. !	Gas Well	New W	11	Workover	ļ	Deepen	Plug	Back	Same Res	v Diff R	es'v	
Designate Type of Completion		<u> </u>	بلي		Total Day					Ц		l	L		
Date Spudded	Date Compl. Ready to Prod.				Total Depth					1	P.B.T.D.				
8-15-68	9-28	103781						10340'							
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth				
4300' GR Lower Penn						9974'						9950 Depth Casing Shoe			
9974-10317 '			<b>~</b>	_						Depth	Casin	ig Shoe			
												<u>.</u>			
		CEMENTING RECORD													
HOLE SIZE	CA						$\rightarrow$	SACKS CEMENT							
17½"	<del> </del>	407'						325							
<u>9_7/8"</u>	<del> </del>	3905'						450							
7 7/8"	<u> </u>	10378'						400							
					<u> </u>					$\overline{}$					
V. TEST DATA AND REQUES															
OIL WELL (Test must be after r	ecovery of to	otal volume	of load	t oil and mus							or be	for full 24 i	nours.)		
Date First New Oil Run To Tank	Date of Te	est			Producing	Meti	hod (Flow,	puny	p, gas lift	i, etc.)					
	<del></del>				L					-1a ·	<u> </u>		<del></del>		
Length of Test	Tubing Pro	essure			Casing Pro	SSLITE	<b>e</b>			Chok	e Size				
	Oil - Bbls.						W					Gas- MCF			
Actual Prod. During Test	•		Water - Bbls.					Gas-	Udo- IVICE						
	<del></del>														
GAS WELL															
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Con	densi	te/MMCF			Gravi	ty of (	Condensate			
		<u> </u>			<u></u>										
'esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)					Choke Size				
					<u></u>										
VI. OPERATOR CERTIFIC	ATE OF	COMF	LIA	NCE		_									
I hereby certify that the rules and regul						O	IL CO	NS	SER\	VATIO	NC	DIVIS	ION		
Division have been complied with and							00T 4 P 1000								
is true and complete to the best of my	Date Approved					IJ	QCT 1 5 1990								
	Date Approved														
_ C James +	By DISTRICT   SUPERVISOR														
Signature P. Pudor	7		- M		Ву	_	<del></del>		DIST	MCT 1 3	UPE:	-KKY SE	XTON.		
James P. Ryder	Upe	ration		mager				-		. •	ER	TISUK			
Printed Name	10	יב ומת	Title 367	702	Tit	le_									
October 8, 1990			<u>ე0 /</u> ephone												

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.