

**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-11  
 Effective 1-1-65

DISTRIBUTION	
STATE	
FEDERAL	
G.S.	
OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**I. OPERATOR**  
 Operator: Grace Petroleum Corporation  
 Address: P. O. Drawer 2358, Midland, Texas 79702  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership  Other (Please explain): Plugged and Abandoned. Surface restoration currently in progress.  
 If change of ownership give name and address of previous owner: Cleary Petroleum Corporation, P. O. Drawer 2358, Midland, Tx. 79702

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Federal "15"</u>	Well No. <u>1</u>	Pool Name, Including Location <u>Wildcat - No. Cato Area</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>NM 11963-A</u>
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>7-S</u> Range <u>30-E</u> , NMPM, <u>Chaves</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
None Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
None 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. Rgs.  actually connected? When

**IV. COMPLETION DATA**

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Pop. Oil/Gas Pay		Tubing Depth			
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**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

**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.

Buddy J. Knight  
 (Signature)  
 District Production Manager  
 (Title)  
 10-25-78  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED NOV 7 1978 19

BY Jerry Sexton  
 Orig. Signed by  
 Dist. 1, Supv.

TITLE \_\_\_\_\_

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.

RECEIVED

NOV 1 1978

CLERK OF THE DISTRICT COURT  
1000 N. 10th St.  
SIOUX FALLS, S.D. 57104