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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
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Grover-McKinney Oil Company		Well API No. 30-005-21083
Address P. O. Box 3666, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Other (Please Specify) CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-13-89 UNLESS AN EXCEPTION TO R-407D IS OBTAINED.		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Caudill	Well No. 2	Pool Name, Including Formation Caprock (Queen)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>750</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>13S</u> Range <u>31E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company, a Div. of Koch Industries, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge TX 76024	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>D</u>	Sec. <u>34</u>
	Twp. <u>13S</u>	Rge. <u>31E</u>
Is gas actually connected? No		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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-10-89	Date Compl. Ready to Prod. 6-12-89		Total Depth 3000'		P.B.T.D. 2957'			
Elevations (DF, RKB, RT, GR, etc.) 4218.4' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 2817'		Tubing Depth 2850'			
Perforations 2817-27'					Depth Casing Shoe 2996'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		418'		250 sx Prem. Plus			
7 7/8"	5 1/2" 15.5#		2999'		250 sx 50/50 poz			
"	2 3/8" tbg		2850'					

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 Tank 6-13-89	Date of Test 6-14-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 65	Choke Size -
Actual Prod. During Test 96 BO	Oil - Bbls. 96	Water - Bbls. Trace	Gas- MCF 115 (est.)

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Carol Robbins Agent
Printed Name Carol Robbins Title
Date 6-15-89 Telephone No. 915-683-4215

OIL CONSERVATION DIVISION

JUN 19 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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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