

30-025-26302

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
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Page 1

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Grace Petroleum Corporation

Address
10700 N. Freeway, Suite 620, Houston, Texas 77037

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Effective 2/22/86
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

South Salt Lake Atoka

Lease Name Felmont Federal <i>Com</i>	Well No. 2	Pool Name, including Formation Undesignated (Atoka)	Kind of Lease R-8277	Lease No.
Location N 1/4 (3H) 1194	Unit Letter P	Surface 660	Feet From The South	Line and 1659
			Feet From The East	
Line of Section 25	Township 20-S	Range 32-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

*Bottom hole location is under Federal Lse NM-15907

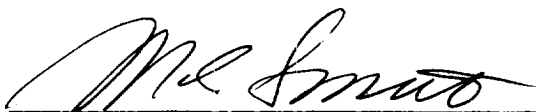
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Western Crude Oil, Inc.	P. O. Box 1142, Midland, Tx. 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P. O. Box 26400, Albuquerque, NM 78125
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit P	Sec. 25
Twp. 20-S	Rge. 32-E
Yes	2/26/86 5/23/86

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



Senior Operations Engineer

(Signature)

(Title)

May 14, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 29 1986**, 19 _____

Original signed by

BY **Paul Kautz**

Geologist

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resist.	Diff. Resist.
							X		X
Date Spudded 1/28/86	Date Compl. Ready to Prod. 2/13/86	Total Depth				P.B.T.D. 13795			
Elevations (DF, RKB, RT, GR, etc.) 3587' GR, 3606' KB	Name of Producing Formation Atoka	Top Oil/Gas Pay 13362				Tubing Depth 13266			
Perforations 13,362-13,372'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
26	20"		1,208		2210 SX				
17-1/2	13-3/8"		2,776		1730 SX				
12-1/4	9-5/8"		5,210		1800 SX				
8-1/2	5-1/2"		14,387		350 SX 1t wt. 1000 Cl H				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of local 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 1300 CAOF	Length of Test 4 hours	Bbls. Condensate/MMCF 8 bbls	Gravity of Condensate 48°
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shot-in) 4430 psig	Casing Pressure (Shot-in) 0-pkr	Choke Size Variable

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