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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION OFFICE	

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

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

APR 9 1973

Operator: Michael P. Grace II

Address: P. O. Box 1118, Carlsbad, New Mexico 88220

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of   
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casthead Gas  Condensate

Other (Please explain): Add Com to lease name.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Grace-Atlantic Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Unders. So. Carlsbad Morrow</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>					
Line of Section <u>24</u> Township <u>T22S</u> Range <u>26W</u> , N.M.P.M. East County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)				
Name of Authorized Transporter of Casthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<u>El Paso Natural Gas Company</u>	<u>El Paso Nat'l. Gas Bldg., El Paso, Texas</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					<u>No yes</u> <u>4-16-73</u>

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 <u>1/28/73</u>	Date Compl. Ready to Prod. <u>3/15/73</u>		Total Depth <u>11,772</u>		P.B.T.D. <u>11,740</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3162 GR</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>11,424</u>		Tubing Depth <u>11,000</u>			
Perforations <u>11,424 - 11,444 hsp</u>					Depth Casing Shoe <u>11768</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8</u>		<u>356</u>		<u>375 sks Glass #0</u>			
<u>12 1/4</u>	<u>9 5/8</u>		<u>5102</u>		<u>1250 sks Hal. 1t. 340001</u>			
<u>8 3/4</u>	<u>7</u>		<u>11768</u>		<u>100 Hal. 1t. &amp; 100 cl.H</u>			
	<u>4 1/2</u>		<u>11000</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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	Tbls. Condensate/MMCF	Gravity of Condensate
<u>65.737</u>	<u>4</u>	<u>0</u>	
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>back pr.</u>	<u>2561</u>	<u>Plr</u>	<u>variable</u>

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.

[Signature]  
 (Signature)  
[Date]  
 (Date)

OIL CONSERVATION COMMISSION

APR 26 1973

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY W. R. Gressett  
 TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowables for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowables 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 multiple