

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

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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

I. Operator
 Michael P. Grace II

Address
 P. O. Box 1418, Carlsbad, New Mexico 88220

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

Other (Please explain)
 O. C. G.
 ARTESIA, OFFICE

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Airport Grace	Well No. 1	Pool Name, including Formation So. Carlsbad Morrow	Kind of Lease State, Federal or Fee	Lease No. K-6290
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>2164</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>22S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) North Freeman Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>36</u> Twp. <u>22S</u> Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u> When <u>11/8/74</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.
		XX	XX					
Date Spudded 3/28/73	Date Compl. Ready to Prod. 10/31/74	Total Depth 11956	P.B.T.D. 11912					
Elevations (DF, RKB, RT, GR, etc.) 3221 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 2150 11610	Tubing Depth 11508					
Perforations 11610-615 11624-629 11685-690 11702-712					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17	13 3/8		358		375 "C" w/2% cacl ₂			
12 1/2	9 5/8		5395		1250 Hal Lite 400 cl "C"			
8 3/4	7		11956		320 sx poz mix 360 "H"			
	2 7/8		11508					

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 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 (on Gas Lift)

Actual Prod. Test - MCF/D 1110	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pitot, back pr.) meter run	Tubing Pressure (shut-in) FTP 400 not shut in	Casing Pressure (shut-in) not shut in	Choke Size 3/4

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.

Granita L. Jones
 (Signature)
 Agent

(Title)
 11/12/74
 (Date)

OIL CONSERVATION COMMISSION
 NOV 12 1974

APPROVED _____, 19____
 BY *W. A. Brassett*
 TITLE OIL AND GAS INSPECTOR

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