

DISTRIBUTION	
SANTA FE	
FILE	1 ✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION 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

NOV 8 1974

I. OPERATOR

Operator: Michael P. Grace II ✓ O. C. C.

Address: ARTESIA, OFFICE

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

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):

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Airport Grace</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>South Carlsbad Morrow</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>K-6290</u>
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"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Artesia, New Mexico</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, Texas</u>			
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.
		<u>XX</u>	<u>XX</u>					
Date Spudded <u>3/28/73</u>	Date Compl. Ready to Prod. <u>10/31/74</u>		Total Depth <u>11956</u>		P.B.T.D. <u>11912</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3221 GR</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>11450/11610</u>		Tubing Depth <u>11508</u>			
Perforations <u>11610-615 11624-629 11685-690 11702-712</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17</u>	<u>13 3/8</u>	<u>358</u>	<u>375 "C" w/2% cac12</u>
<u>12 1/2</u>	<u>9 5/8</u>	<u>5395</u>	<u>1250 Hal lite 400 cl "H"</u>
<u>8 3/4</u>	<u>7</u>	<u>11956</u>	<u>320 sz poz mix 360 "H"</u>
	<u>2 7/8</u>	<u>11508</u>	

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 line left well as per allowable in notes of test data*

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

[Signature]
(Signature)
Agent

(Title)
10/31/74
(Date)

OIL CONSERVATION COMMISSION

NOV 11 1974

APPROVED BY *[Signature]*, 19

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