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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Greenwood Holdings Inc.		Well API No. 30-025-22406
Address 5600 S. Quebec St., Suite 150-C Englewood, CO 80111		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Roberts & Hamamck Inc.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Graham State "B"	Well No. 1	Pool Name, Including Formation North Bagley Permo Penn	Kind of Lease State, Lease <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/>	Lease No. K-3837
Location Unit Letter A : 660 Feet From The N Line and 660 Feet From The E Line Section 30 Township 11s Range 33E , NMPM, Lea 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"/> Amoco Prod. Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 561 Tulsa, OK 74102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588 Tulsa, OK 74142	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30
	Twp. 11S	Rge. 33E
	Is gas actually connected? Yes When? N/A	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 1-16-68	Date Compl. Ready to Prod. 4-12-68		Total Depth 10410'		P.B.T.D. 10350'			
Elevations (DF, RKB, RT, GR, etc.) 4300' GR	Name of Producing Formation Penn		Top Oil/Gas Pay 8630		Tubing Depth 8500'			
Perforations 9453'-55', 68', 73', 81', 89', 9672', 9704', 24', 9924', 27', 30', 10160' 8793-97', 8876-90', 8918-32', 9146-60', 9399', 9401', 9440', 9443',					Depth Casing Shoe 10350'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 11 3/4"		DEPTH SET 418'		SACKS CEMENT 325			
9 7/8"	8 5/8"		2971		450			
7 7/8"	4 1/2"		10348		450			

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	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	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 **James P. Ryder**
Printed Name **James P. Ryder** Title **Operations Manager**
Date **October 8, 1990** Telephone No. **(303) 773-6703**

OIL CONSERVATION DIVISION

Date Approved **OCT 15 1990**
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.