

DISTRICT I  
P.O. Box 1980, Hobbs, NM 87400

DISTRICT II  
P.O. Drawer DD, Aztec, NM 87410

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I. OPERATOR**

Operator: Graham Royalty, Ltd. Well API No. \_\_\_\_\_

Address: P.O. Box 4495, Houston, Texas 77210-4495  Other (Please explain)

Reason(s) for Filing (Check proper box)

New Well  Change in Transporter of:  Dry Gas

Recompletion  Oil  Condensate

Change in Operator  Casinghead Gas

*effective 7-1-92*

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

| Lease Name      | Well No.  | Pool Name, including Formation | Kind of Lease<br>State, Federal or <u>Fee</u> | Lease No. |
|-----------------|-----------|--------------------------------|---|-----------|
| <u>Cooper B</u> | <u>11</u> | <u>Eunice Monument (G-SA)</u>  |   |           |

Location: Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line

Section 12 Township 20S Range 36 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"/> | Address (Give address to which approved copy of this form is to be sent) |
|--|--|
| <u>Enron Oil Trading &amp; Transportation Co.</u>  | <u>P.O. Box 1188, Houston, Texas 77251-1188</u>                          |
| 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) |
| <u>EOFF Energy Corp.</u>   | <u>P.O. Box 1589 Tulsa, OK 74102</u>                                     |

If well produces oil or liquids, give location of tanks: Unit H Section 12 Township 20S Range 36 NMPM Lea County

Is gas actually connected? Yes When? 9-73

If this production is commingled with that from any other lease or pool, give commingling order number: PC-353

**IV. COMPLETION DATA**

| Designate Type of Completion - (X)  | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|-------------------------------------|----------|----------|----------|----------|--------|-----------|------------|------------|
| <input checked="" type="checkbox"/> |          |          |          |          |        |           |            |            |

Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_

Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_

Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

**TUBING, CASING AND CEMENTING RECORD**

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

**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                               |
|                                |                 |   |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 |
|                                |                 |   |

**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: Billy McDougal  
Printed Name: Billy McDougal Reg. Affairs Supv.  
Date: 7/21/92 Telephone No.: (713) 873-0066

**OIL CONSERVATION DIVISION**  
JUL 27 1992

Date Approved \_\_\_\_\_

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.