

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Aztec, NM 88210

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

Energy, Minerals and Natural Resources Department

Revised 11-89
See Instructions
at Bottom of Page

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		Well API No.
Operator Graham Royalty, Ltd.		
Address P.O. Box 4495, Houston, Texas 77210-4495		
Reason(s) for Filing (Check proper box) New Well ☐ ☐ Other (Please explain) ☐ Recompletion ☐ ☐ Change in Operator ☐ ☐		
Change in Transporter of: Oil ☐ Dry Gas ☒ ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper B	Well No. 7	Pool Name, including Formation Eunice Monument (G-SA)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South Line Section 7 Township 20S Range 37E , NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ Enron Energy Corp. Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 1188
Name of Authorized Transporter of Casinghead Gas ☒ Warren Petroleum Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, OK 74102
If well produces oil or liquids, give location of tanks Unit H Sec. 12 Twp. 20 Rge. 36	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
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	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 Billy McDougal Reg. Affairs Supv.
Printed Name Billy McDougal Title
Date 7/21/92 (713) 873-0066 Telephone No.

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 portions of this form must be filled out for allowable on new and recompleted wells.

3) This form is to be filed in compliance with Rule 1104