Appropriate Diana Office P.O. Box 1980, Hobbs, NM 85240 Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Arceia, NM \$1210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

			TO TRA	NSP	ORT OIL	AND NAT	URAL GA	<u>\S</u>	DI N-			
perator							-	Well	OI No.			
Graham Roya	lty, L	td.										
ddress												
P.O. Box 449	95, Ho	uston	, Texa	s 77	7210-44	95	- (01					
leason(s) for Filing (Check prop	er baz)						r (Please expla	end) The second				
lew Well			Change in	Tracep	orter of:	-le	18 5	1-42				
Recompletion		Oil		Dry G		7	10		×			
Change in Operator		Casinghe	id Gas 🗂	Conde	use 📗	<i>U</i>	-					
change of operator give name												
address of previous operator												
L DESCRIPTION OF I	WELL A	ND LE	ASE							1	ease Na	
Lease Name	11000.1		Well No.			ing Formation		Kind	of Lease Poderal on Fo	T : -	ETE LAG	
Cooper B			7	E	unice N	Monument	(G-SA)	State,	744234			
			d									
Location T		. 6	60	Sed F	mm The	West Line	and198	<u>() </u>	et From The .	South	Line	
Unit Letter	'	:	700	_11								
. 7	Township	20)S	Range	37E	, NA	ГРМ ,	Le	a		County	
Section	TOWREID	6	/52									
II. DESIGNATION OF	TRANS	PORTS	ER OF O	IL AN	UTAN DI	RAL GAS						
II. DESIGNATION OF Name of Authorized Transporter	of Oil	(X)	or Coode	aire		11,000,000 1000	address to w				pe)	
					ب	P.O.	Box 1356	Dumas	, Texas	/9029		
Petro Source Par Name of Authorized Transporter	d Cadnot	ead Gas	[x]	or Dry	y Cas 🔲		address to w		copy of this f	orm is to be se	urt)	
Name of Authorized Panisportal Warren Petr	roleum		سم	•			Box 1589		OK 7	4102		
	OTERM!	Unit	Soc.	Twp	Rge.	ls gas actually		When		7.0		
M well produces oil or liquids, give location of tanks.	!	บ	1 12	20	36		es		9-	/3		
f this production is commingled	mails that fa	ש משט ער	her lease of	pool.		ling order numb	xer:	C-353				
This production is commingled	TA CLASS (N	OIL SELY OF		,, ,		-				·		
V. COMPLETION DA	17		Oil We	1	Cas Well	New Well	Workover	Docpes	Plug Back	Same Res'Y	Diff Resv	
Designate Type of Con	noletion -	(X)	1	- ¦		i	ĺ		L	<u> </u>		
	 -	Date Con	nol Ready I	o Prod		Total Depth			P.B.T.D.			
Date Spudded		Date Compl. Ready to Prod.										
	No. of Brobusine Formation				Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation										
	1					1			Depth Casi	og Spoe		
Perforations												
			TIPRIC	CAS	ING AND	CEMENTI	NG RECOR	LD.				
		TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE		CASING & TUBING SIZE										
						1			L			
						 						
						+						
	2001100	TEAR	ALLON	/ARII	F	1						
V. TEST DATA AND F	KEQUES	IFUK	ALLUN	ᆲ	u A oil and su	n be equal to or	exceed top all	owable for th	is depth or be	for full 24 hos	es.)	
OIL WELL (Test mus	n be after re	covery of	total volum	e oj 1001	u ou unu mus	Producine M	ethod (Flow, p	ump, gas lift.	esc.)			
Date First New Oil Run To Tax	nk	Date of	i e A									
						Casing Press	Casing Pressure			Choke Size		
Length of Test		Tubing F	जायकार			J						
						Water - Bbis			Gas- MCF			
Actual Prod. During Test		Oil - Bbis.				DVIII						
		<u> </u>										
GAS WELL									TA	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Adventure & Courts & Asset Street, St.										Charles Size		
esting Method (piter, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
i enting Methon (book once by	•											
	D	A 770 C	E COL	(DT TA	NCF				/ATION!	DIVIO	AL.	
VL OPERATOR CE	RTIFIC	ALEC	Jr CUM	T 1-12	71100		OIL CO	NSERV	AHON	וופואוח	NIC	
I hereby certify that the rule	व्य क्यां स्ट्रियां	ations of I	ne Oil Con	HETYRUOL	owe	II.			i 1 i	L 20 9	9	
					~~~	11		o.al	50		<u>.                                    </u>	
Principle have been comple	ed with und	DE De II	nousence i			- II	~ ~~~~~					
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Districtor have been complic	ed with und	DE De II	nousence i			i		t/ <b>Q</b>	,		_	
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Division have been complete to the	ed with and best of my l	the the tr	e and belief	· 	<del> </del>	Date By_			Orig.	Signed by 1 Kautz	·	
Division have been complete to the strue and complete to the Signature Billy Mc	ed with and best of my l	the the tr	e and belief	· 	Supv.	Ву			Orig. Pau Ge	Signed by 1 Kautz ologist		
Division have been complete to the	Dougal	the the tr	g. Aff	airs	Supv.	Ву			Orig. Pau Ge	Signed by 1 Kautz ologist		

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