ned the follo	wind learnics	\ •		
DEPTH	DEGREES		DEGREES @ DEPTH	DEGREES @ DEPTH
907	1.00	4791		
1427	.75	5284		
1952	.50	5748		
2400	1.00	6242		
2649	.75	6735		
2737	1.75	7257		
2861	1.75	7480		
2894	.75	7691		
2985	1.25	8209		
3170	1.50	8490		
3232	1.25	8870		
3360	2.75	9136		
3483	2.25	9225		
3595	2.00	9350		
	907 1427 1952 2400 2649 2737 2861 2894 2985 3170 3232 3360 3483	907 1.00 1427 .75 1952 .50 2400 1.00 2649 .75 2737 1.75 2861 1.75 2894 .75 2985 1.25 3170 1.50 3232 1.25 3360 2.75 3483 2.25	907 1.00 4791 1427 .75 5284 1952 .50 5748 2400 1.00 6242 2649 .75 6735 2737 1.75 7257 2861 1.75 7480 2894 .75 7691 2985 1.25 8209 3170 1.50 8490 3232 1.25 8870 3360 2.75 9136 3483 2.25 9225	907 1.00 4791 1427 .75 5284 1952 .50 5748 2400 1.00 6242 2649 .75 6735 2737 1.75 7257 2861 1.75 7480 2894 .75 7691 2985 1.25 8209 3170 1.50 8490 3232 1.25 8870 3360 2.75 9136 3483 2.25 9225







mit 5 Copies propriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

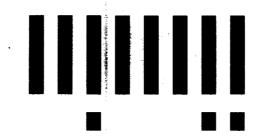
DISTRICT III 1000 Rio Prazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	1	O TRA	NSF	OHI OIL	AND NA	UHAL GA	12	Pl Na		
Operator									010	
Grace Petroleum Corpo	ration						30	-025-26	810	
Address 6501 N. Broadway, Okl	ahoma C	ity,	OK	73116						
Reason(s) for Filing (Check proper box)					Othe	t (Please expla	in)			
New Well	(Change in	•					•		
Recompletion	Oil	<u>k</u>	Dry C	ies 📙						
Change in Operator	Casinghead	Gas 📙	Cond	ensate						
if change of operator give name and address of previous operator									-	
II. DESCRIPTION OF WELL	ANDIFA	CE T								
Lease Name	AIV LEA	Well No	Pool	Name, Includi	e Formation		Kind	of Lease	L	ase No.
Smith Ranch Federal	i	1			- Bone	Springs	State,	Federal or Fe	e NM-	17238
Location	1				DOME	OD# III.GO				
Unit LetterE	: 1980)	. Feet 1	From The _N	orth Lin	and660	R	et From The	West	Line
Section 11 Township	208		Rang	• 33E	, NI	ирм,			Loa	County
III. DESIGNATION OF TRAN		S OF O	II. Al	ND NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Conden			Address (Giv	e address to wh	ich approved	copy of this	orm is to be se	int)
(new) Sun Ott Refin	lv i	mar		لبا	· '	Ewy 80				
Name of Authorized Transporter of Casing		TT		y Ges 🗀		e address to wh				mt)
(same) Phillips 66 Na						. Marlar				
If well produces oil or liquids,		Sec.	Twp.	Rge.	Is gas actuall		When	?		
give location of tanks.	E	11	20	: -	Yes	,	i,	2-29-88	!	
If this production is commingled with that						ber:		<u> </u>		
IV. COMPLETION DATA	nom any was	, ,	hand (J. V. V. J.						
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	1			1	L	<u> </u>	<u> </u>	<u> </u>	_l
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducine Fo	omatic	OG.	Top Oil/Gas	Pay		Tubing De	xth	
Example (Dr., New, NI, ON, May)					'					
Perforations	<u> </u>				1			Depth Casi	ng Shoe	
	7	TIRING	CAS	ING AND	CEMENTI	NG RECOR	Ď			
HOLE SIZE		SING & TI				DEPTH SET			SACKS CEMENT	
HOLE SIZE	+ 									
	+									
	 				<u> </u>					
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E	<u> </u>					
OIL WELL (Test must be after t	ecousts of to	tal valume	of loa	d oil and must	be equal to o	exceed top all	owable for th	is depth or be	fer full 24 hou	es.)
Date First New Oil Run To Tank	Date of Te		<u> </u>		Producing M	ethod (Flow, p	erep, gas lift,	etc.)		
					<u> </u>			Choke Size		
Length of Test	Tubing Pre	SEUTE			Casing Press	ure		CHOICE SIZE	•	
Annal Paris Trans	Oil Phi				Water - Bbls			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.									
GAS WELL										
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	nate/MMCF		Gravity of	Condensate	
	1									
Testing Method (pitot, back pr.)	Tubing Pro	saure (Shu	a-in)		Casing Press	sure (Shut-in)		Choke Siz	e	
			-	NOT	1					
VI. OPERATOR CERTIFIC					- 11	OIL CO	USFRV	/ATION	DIVISION	NC
I hereby certify that the rules and regu	lations of the	Oil Conse	ervatio	D		J.L JUI				
Division have been complied with and	that the info	mation gi	AGE EDA	ove	1	_	•	ν,		
is true and complete to the best of my	Thomsedge 2	iii vellei.			Dat	e Approve				
111 .							ĭ	rig. Si		
Marin Torda	<u>س</u>				∥ By_			Paul 15	ist	
Signature Marvin T. Jordan	Onersti	075 51	mer	intender	•		š.	Georg		
Printed Name	operact.	VII. 10 10 10 10 10 10 10 10 10 10 10 10 10	Titl		11)	•	*		
August 31, 1990	140	5) 840		-	III IIIE					
Date	1.40	Te	lephon	e No.	11					

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.







STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE	OM		
SANTA PE		Ī	
FILE		Ĭ.	
U.1.0.1.			
LAND OFFICE		1	
TRAKSPORTER	OIL OIL		
GAS			
OPERATOR			
PRORATION OFF	HCE		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	
Operator	
Grace Petroleum Corporation	·
Address	
10700 North Freeway, Suite 620, Houston, Tx.	
Rouson(s) for siting (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion Oil Dr	y Gas
Change in Ownership Casinghead Gas Co	ondensate .
If change of ownership give name of the property of the proper	*OOL
and address of previous owner besignates become it too or ito it	ONCUR
NOTIFY THIS OFFICE.	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Ingluding Fo	primation 1 8696 Kind of Lease No.
Smith Ranch Unit Federal 1 Bone Springs	8-/-88 State, Federal or Fee Federal NM-17238
Location	
Unit Letter E : 1980 Feet From The North Line	and 660 Feet From The West
Unit Letter E : 1900 reet r fom The 101 Cir. Cin.	Teet 7 total 7 to
Line of Section 11 Township 205 Range 33	BE , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS
Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Conoco. Inc. Surface Transp	P. O. Box 2587, Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
	P. O. Box 26400, Albuquerque, New Mexico 87125
Gas Company of New Mexico	is gas octually connected? When
If well produces oil or liquids,	Yes 8/28/82
If this production is commingled with that from any other lease or pool,	give commingling order number: NO
NOTE: Complete Parts IV and V on reverse side if necessary.	
INOTE. Complete I and I and I on levelse side if necessary.	u de la companya de
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPETION	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of	ORIGINAL SIGNED BY JERRY SEXTON
my knowledge and belief.	DISTRICT 1 SURRAVISOR
	TITLE
	**
mb 7 mb	This form is to be filed in compliance with RULE 1104.
The bulla	If this is a request for allowable for a newly drilled or despensed
Mike Pavelka (Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Operations Engineer	All sections of this form must be filled out completely for allow-
(Title)	able on new and recompleted wells.
June 13, 1988	Fill out only Sections I. II. III. and VI for changes of owner,
(Date)	well name or number, or transporter, or other such change of condition.
	Separate Forms C-104 must be filed for each pool in multiply
i de la companya de	completed wells.

TYT	~~	FTIT	TOTAL	~ x T	T .	~~
IV.		100	. +. 1		11/	. IA

D :	- /٧)	Oll Well	Gos Well	New Well	Worldver	Deepen	Piug Back	Come Restv. Dill. Restv	
Designate Type of Completion - (; X		1	1		X		
Date Spudged	Date Com	pi. Ready to F	rod.	Total Dept	n :		P.B.T.D.	· · · · · · · · · · · · · · · · · · ·	
				1	3,650'		13,1	63'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Go	is Pay		Tubing Dep	th	
3571' GR; 3593' KB	Bone Springs			9380'			9390'		
Perforations						Depth Casing Shoe			
9380'-9385' and 9390'	-9424'						13,6	550'	
		TUBING.	CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CVS	ING & TUBI	NG SIZE	DEPTH SET			SACKS CEMENT		
17-1/2	13-3/8			487			500 sx		
12-1/4		8-5/8			5062		2975		
7-7/8	l	5-1/2			13.650		935		
	1								

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL

able for this depth or be for full 24 hours)

Date First New Cil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
5/29/88	6/9/88	Pump			
Length of Test	Tubing Pressure	Cosing Pressure	Chore Size		
24 hour	30	30			
Actual Prod. During Test	Oli-Bbis.	Water-Bble.	Gae - MCF		
• •	33	3	70		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensers/MMCF	Gravity of Condensate
Teeting Method (pitol, back pr.)	Tubing Pressure (Shut-is)	Coming Pressure (Shut-in)	Choke Size
		· ·	

MEGT VED

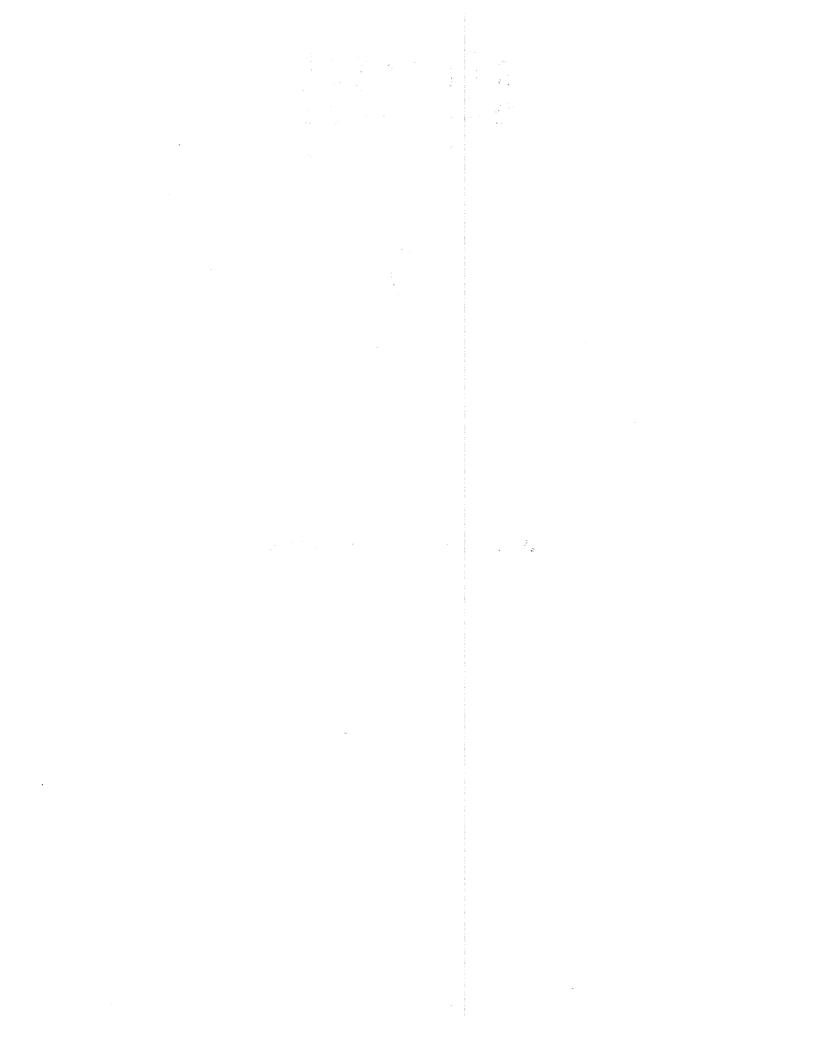
WUN 10 934

MERRS OFFICE









Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E....gy, Minerals and Natural Resources Departme...

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOTR	ANSPORT OIL	AND NATURAL GAS	
Operator Same A	Detroley	n Corp	•	Well API No. 30-025-26810
Address (250/ /V.)	Sradury		OK John Cit	OK. 13116
Reason(s) for Filing (Check proper box)			Other (Please explain)	1/
New Well	· -	in Transporter of: Dry Gas		
Recompletion	Casinghead Gas	Condensate		
If change of operator give name				
and address of previous operator				
II. DESCRIPTION OF WELL	AND LEASE			
Lease Name - //	Well No	. Pool Name, Including		Kind of Lease Lease No. State (Federal) or Fee
Smith I ares	C FEW /	1200	Rome Spring	
Location Unit Letter Z	1980	Feet From The	North Line and 660	Feet From The West
Section // Townshi	T 205	Range 33 E	, NMPM,	Lea cou
III. DESIGNATION OF TRAN	SPORTER OF (OIL AND NATU	RAL GAS	
Name of Authorized Transporter of Oil	or Cond		Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Casin	ghead Gas	or Dry Gas		approved copy of this form is to be sent)
Phillips Dotal	To Las			allowa
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When? 12 -29 - 88
If this production is commingled with that			**************************************	
IV. COMPLETION DATA	Oil We			Deepen Plug Back Same Res'v Diff R
Designate Type of Completion			X	$i i \times i$
Date Spudded	Date Compl. Ready 5-17-9	to Prod.	Total Depth 13650	P.B.T.D. 9438
Elevations (DF, RKB, RT, GR) etc.)	Name of Producing	Formation	Top Oil/Gas Pay	Tubing Depth 9257
Perforations Top 9324 to	44 9380-	9424		Depth Casing Shoe
1,61	TUBINO	, CASING AND	CEMENTING RECORD	
HOLE SIZE		TUBING SIZE	DEPTH SET	SACKS CEMENT
	se old	Program	ν	
	+			
V. TEST DATA AND REQUE	ST FOR ALLOW	VABLE		
OIL WELL (Test must be after t	recovery of total volum	se of load oil and must	be equal to or exceed top allowa	ble for this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	15-90	Producing Method (Flow, pump,	gas lift, etc.)
5-17-90			Casing Pressure	Choke Size 19/
Length of Test 24h.	Tubing Pressure	50#	Casing Freshire	Choke Size 1964
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF
336 Alla.	33	6	1261.	425
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	iut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	011 00110	EDVATION DIVIDION
I hereby certify that the rules and regul	lations of the Oil Cons	ervation	OIL CONS	ERVATION DIVISION
Division have been complied with and is true and complete to the best of my			Date Approved	JUN 0 4 199
Rich				Orig. Signed by Paul Kautz
Signature Signature	~		By	Geologist
BILL LYN	1 N Prod	Formar		
Printed Name	505-394	Title ・きょくつ	Title	
6-1-90 Date	Tr	elephone No.		

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.
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- 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.

7.4 Trans to Sun &

RECEIVED

JUN 0 1 1990

OCD HOBBS OFFICE







Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Petroleum ordoration Address 79702-2358 TexAS 2358 ', O)awer Other (Please explain) Reason(s) for Filing (Check proper box) Allowable month MAYIGGO New Well Change in Transporter of: Test * Dry Gas Oil Recompletion apoo bbls Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name State, Federal or Fee Federal TEAS FENN edera Sm Location Feet From The LEA 33-5 20-5 Range , NMPM, Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)

1.0. Box 2587, Holds, Med Me Name of Authorized Transporter of Oil or Condensate CONOCO, INC 2587, Hobbs, New Mexico 8240 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Twp. Is gas actually connected? When? If well produces oil or liquids, Unit Sec. Rge. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Diff Res'v New Well | Workover Oil Well Gas Well Deepen Designate Type of Completion - (X) Total Depth Date Spudded P.B.T.D. Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE **CASING & TUBING SIZE** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls, Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation MAY 1 8 1990 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Signature Title Printed Name 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.

3362

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