

30025-31138

WELL NAME & NUMBER Smith Ranch Fed 2-#1

LOCATION Sec 11, T-20-S, R-33-E 660/N + (1980)E
(Give Unit, Section, Township and Range)

OPERATOR Grace Petroleum Corporation 6501 N. Broadway Oklahoma City, OK 73116

DRILLING CONTRACTOR Grace Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH
.75 907	1.00 4791		
1.00 1427	.75 5284		
1.25 1952	.50 5748		
.75 2400	1.00 6242		
3.25 2649	.75 6735		
2.75 2737	1.75 7257		
3.25 2861	1.75 7480		
3.25 2894	.75 7691		
2.75 2985	1.25 8209		
3.50 3170	1.50 8490		
2.50 3232	1.25 8870		
2.50 3360	2.75 9136		
2.75 3483	2.25 9225		
1.50 3595	2.00 9350		
1.50 4393			

Drilling Contractor Grace Drilling Company

By [Signature]

Subscribed and sworn to before me this 5 day of March, 19 91

[Signature]
Notary Public

My Commission Expires 11/19/94

 Ector County Texas



LTR



Job separation sheet

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Grace Petroleum Corporation		Well API No. 30-025-26810
Address 6501 N. Broadway, Oklahoma City, OK 73116		
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 type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith Ranch Federal	Well No. 1	Pool Name, Including Formation Teas - Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NM-17238
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>20S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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"/> (new) Sun Oil Refining & Marketing	Address (Give address to which approved copy of this form is to be sent) <u>2415 E. Hwy 80, Midland, TX 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> (same) Phillips 66 Natl. Gas	Address (Give address to which approved copy of this form is to be sent) <u>1625 W. Marland</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>11</u>
	Twp. <u>20S</u>	Rge. <u>33E</u>
	Is gas actually connected? <u>Yes</u>	When? <u>12-29-88</u>

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	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.

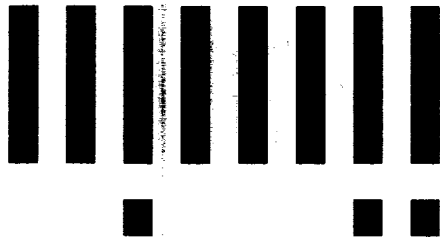
Marvin T. Jordan
Signature
Marvin T. Jordan Operations Superintendent
Printed Name Title
August 31, 1990 (405) 840-6624
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By Paul L. Geologist
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.



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Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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. 77037

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Gas	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith Ranch Unit Federal	Well No. 1	Pool Name, including Formation Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17238
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>20S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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"/> Conoco, Inc. Surface Transp	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, New Mexico 87125
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>11</u> Twp. <u>20S</u> Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u> When <u>8/28/82</u>

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.

VI. 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 is true and complete to the best of my knowledge and belief.

Mike Pavelka (Signature)
Operations Engineer (Title)
June 13, 1988 (Date)

OIL CONSERVATION DIVISION

APPROVED 10/1/82, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Case Res'tv.	Entl. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth 13,650'			F.B.T.D. 13,163'			
Elevations (DF, RKB, RT, GR, etc.) 3571' GR; 3593' KB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9380'			Tubing Depth 9390'			
Perforations 9380'-9385' and 9390'-9424'						Depth Casing Shoe 13,650'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2		13-3/8		487		500 SX			
12-1/4		8-5/8		5062		2975 SX			
7-7/8		5-1/2		13,650		935 SX			

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)

Date First New Oil Run To Tanks 5/29/88	Date of Test 6/9/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure 30	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 3	Gas - MCF 70

GAS WELL

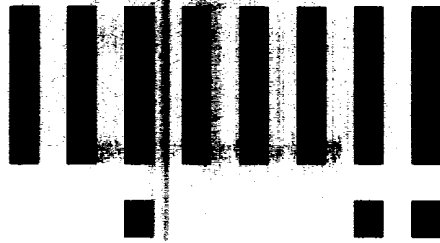
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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JUN 13 1988

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Job separation sheet

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
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.

Operator <i>Brace Petroleum Corp.</i>	Well API No. <i>30-025-26810</i>
Address <i>6501 N. Broadway Ext. Oklahoma City, OK. 73116</i>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Smith Ranch Fed 1</i>	Well No. <i>1</i>	Pool Name, Including Formation <i>Teas Bone Spring</i>	Kind of Lease State (Federal) or Fee	Lease No.
Location Unit Letter <i>E</i> <i>1980</i> Feet From The <i>North</i> Line and <i>660</i> Feet From The <i>West</i> Line Section <i>11</i> Township <i>T20S</i> Range <i>33E</i> , NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <i>Conoco Inc. Surface</i>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>W. County Rd.</i>			
Name of Authorized Transporter of Casinghead Gas <i>Phillips Petroleum Co. Gas</i>	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>7625 W. Mainland</i>			
If well produces oil or liquids, give location of tanks.	Unit <i>11</i>	Sec. <i>7-22</i>	Rge. <i>R33E</i>	Is gas actually connected? <i>Yes</i>	When? <i>12-29-88</i>

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	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <i>5-17-90</i>		Total Depth <i>13650</i>		P.B.T.D. <i>9438</i>			
Elevations (DF, RKB, RT, CR, etc.) <i>3571</i>	Name of Producing Formation <i>Bone Spring</i>		Top Oil/Gas Pay		Tubing Depth <i>9257</i>			
Perforations <i>Top 9324 to 44 9380-9424</i>		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE <i>see old program</i>		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 <i>5-17-90</i>	Date of Test <i>5-25-90</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flow</i>	
Length of Test <i>24 hr.</i>	Tubing Pressure <i>550 #</i>	Casing Pressure <i>0</i>	Choke Size <i>1 7/8</i>
Actual Prod. During Test <i>336 bbls.</i>	Oil - Bbls. <i>336</i>	Water - Bbls. <i>15 bbls.</i>	Gas - MCF <i>425</i>

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 *Bill Lynn*
Printed Name *BILL LYNN Prod Foreman*
Date *6-1-90* Title *505-394-3362*
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

JUN 04 1990

By

Orig. Signed by
Paul Kautz
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

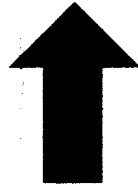
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- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

24 hours test

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JUN 01 1990

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HOBBS OFFICE



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Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT I
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DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
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

Operator Grace Petroleum Corporation		Well API No.
Address P.O. Drawer 2358 Midland, Texas 79702-2358		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Test Allowable month May 1990	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	2000 bbls
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith Ranch Federal	Well No. 1	Pool Name, Including Formation Taps Ferry - Bone Spring	Kind of Lease State, Federal or Fee	Lease No. Federal
Location				
Unit Letter E	1980	Feet From The North Line and 660	Feet From The West Line	
Section 11	Township 20-S	Range 33-E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, New Mexico 88240	
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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When ?

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	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 **Bill L. Gorman** **Prod. Foreman**
Printed Name **Bill L. Gorman** Title **Prod. Foreman**
Date **5/18/90** Telephone No. **374-3362**

OIL CONSERVATION DIVISION

MAY 18 1990

Date Approved

By **JERRY SEXTON**
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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