

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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
Grover Oil Company

Address
P O Box 3666, Midland TX 79702

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

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 Federal	Well No. 1	Pool Name, including Formation West Teas <i>Yates 7 Rivers</i>	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>20S</u> Range <u>33E</u> , 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"/> Koch Oil Company, a Div. of Koch Ind., Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024
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 <u>K</u> Sec. <u>9</u> Twp. <u>20S</u> Rge. <u>33E</u>	Is gas actually connected? <input type="checkbox"/> When

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

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.

Carol Robbins
(Signature)

SECRETARY

April 8, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 8 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-16-87	Date Compl. Ready to Prod. 3-25-87		Total Depth 3400'		P.B.T.D. 3354'				
Elevations (DF, RKB, RT, GR, etc.) 3542.9' GL	Name of Producing Formation Yates		Top Oil/Gas Pay 3154'		Tubing Depth 3225'				
Perforations 3154-81', 3263-71' & 3292-3305'						Depth Casing Shoe 3398'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" 32#		1265'		500 sx Lite & 250 sx C			
7 7/8"		4 1/2" 9.5#		3398'		620 sx Lite & 200 sx C			
7 7/8"		2 3/8" 8 RD EUE		3225'					

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 3-25-87	Date of Test 3-27-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 20	Choke Size N/A
Actual Prod. During Test 72 BO	Oil-Bbls. 72	Water-Bbls. 0	Gas-MCF <5

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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 JOBS OFFICE



LTR



Job separation sheet

Grover Oil Company
Grover Federal #1 *unit K* 9-20-33
Lea County, N.M.

STATE OF NEW MEXICO
DEVIATION REPORT

477	3/4
939	1
1268	3/4
1737	1
2274	3/4
2738	2
3190	3 3/4
3400	3 3/4



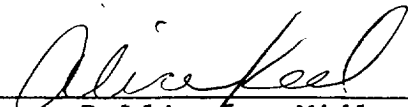
By: Ray Peterson

STATE OF TEXAS X

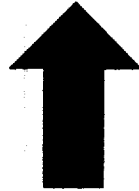
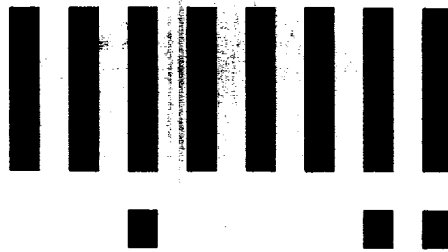
COUNTY OF MIDLAND X

The foregoing instrument was acknowledged before me this 26th day of February, 1987, by Ray Peterson on behalf of Peterson Drilling Company.

My Commission expires: 8/2/88


Notary Public for Midland County,
Texas

RECEIVED
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OCD
HOBBS OFFICE



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

NM-51844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Grover Oil Company

3. ADDRESS OF OPERATOR

P O Box 3666, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL & 1650' FWL

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3542.9' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

West Teas

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA

Section 9, T20S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3-26-87 Finished hook-up, began pumping @ 11:30. On production. Gauge - 3' 6".

3-27-87 Gauge 7' 5", 3' 7" production - 72 bbls.

3-28-87 Gauge 10' 6", 3' 1" production - 62 bbls.

3-29-87 Gauge 13' 8", 3' 2" production - 63 bbls & no water.

3-30-87 63 BO & 0 BW

ACCEPTED FOR RECORD

APR 2 1987

CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Carol Robbins

TITLE

Secretary

DATE

3-31-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side