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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

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Grover-McKinney Oil Company	Well API No. 30-025-29900
Address P O Box 3666, Midland, Texas 79702	
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 checked="" 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 Barber Federal	Well No. 1	Pool Name, Including Formation West Teas (Yates SR)	Kind of Lease State, Federal or Fee	Lease No. NM-57280
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>9</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"/> 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 TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Saber Gas, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 4122, Midland, Texas 79704					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 9	Twp. 20S	Rge. 33E	Is gas actually connected? Yes	When? February 1990

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
	x							
Date Spudded 4-29-87	Date Compl. Ready to Prod. 6-2-87	Total Depth 3404'		P.B.T.D. 3360'				
Elevations (DF, RKB, RT, GR, etc.) 3544.8' GR	Name of Producing Formation Yates	Top Oil/Gas Pay 3092'		Tubing Depth 3180'		Depth Casing Shoe 3400'		
Perforations 3092'-3147'								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"	32#	1261'		650 sx			
7 7/8"	4 1/2"	9.5#	3400'		900 sx			
	2 3/8"	8 RD EUE 4.7#	3180'					

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 6-5-87	Date of Test 3-13-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 20	Choke Size -
Actual Prod. During Test 37 BO, 4 BW, 12 MCF	Oil - Bbls. 37	Water - Bbls. 4	Gas - MCF 12

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Carol Robbins
Signature
Carol Robbins
Printed Name
April 19, 1990
Date
Agent
Title
915/683-4215
Telephone No.

OIL CONSERVATION DIVISION
APR 24 1990

Date Approved _____
By _____
Title ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

RECEIVED

APR 23 1990

OCD
NOBBS OFFICE