

**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**

Operator Grover-McKinney Oil Company		Well API No. 30-025-30239
Address P O Box 3666, Midland TX 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 Federal	Well No. 3	Pool Name, including Formation West Teas (Yates SR)	Kind of Lease State, Federal or Fee	Lease No. NM-51844
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</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 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 J	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-26-88	Date Compl. Ready to Prod. 3-25-88		Total Depth 3425'		P.B.T.D. 3380'			
Elevations (DF, RKB, RT, GR, etc.) 3540.5' GR	Name of Producing Formation Yates		Top Oil/Gas Pay 3022'		Tubing Depth 3025'			
Perforations 3022-3100'					Depth Casing Shoe 3420'			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		1218'		750 sx			
7 7/8"	4 1/2" 10.5#		3420'		650 sx			
	2 3/8"		3025'					

**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 3-25-88	Date of Test 3-4-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 16	Casing Pressure 22	Choke Size -
Actual Prod. During Test 5 BO, 2 BW, 2 MCF	Oil - Bbls. 5	Water - Bbls. 2	Gas- MCF 2

**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 Agent  
April 19, 1990 Date  
915/683-4215 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved APR 24 1990

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED  
APR 28 1990  
OCD  
HOBBS OFFICE