NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

RECEIVED
DEC 13 '90
O. C. D.
ARTESIA, OFFICE

C1ST GT UP

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Jack J. Grynberg

Address
5000 So. Quebec, Suite 500, Denver, CO 80237

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	☐	Change in Transporter of:		
Recompletion	☐	Oil	☐	Dry Gas ☒
Change in Ownership	☐	Casinghead Gas	☐	Condensate ☐

If change of ~~ownership~~ give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mewbourne State 25 Com	1	Buffalo Valley Penn	(State) Federal or Fee South	LG 5976

Location
Unit Letter N : 1650 Feet From The West Line and 660 Feet From The South

Line of Section 25 Township 14S Range 27E NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Permian	P.O. Box 1183 Houston, TX 77251
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company Transwestern Pipeline Company	Phillips Bldg., Bartlesville, OK 74004 P.O. Box 1188 Houston, TX 77251-1188

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	April/80

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

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
			Post ID-3 12-31-90 Add: TPC (Split Connection)

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

Date First New Oil Run To Tanks	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 (pitot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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.

Russell Hays
(Signature)

Manager, Petroleum Reservoir Engineering
(Title)

12/6/90
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1990, 19___

BY ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

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, transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.