DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-11 effective 1-1-65

RECEIVED

I. Operator: GILL JONES OIL COMPANY

Address: Box 2606, ODESSA, TEXAS 79760

Reason(s) for filing (Check proper box)

| | | | |
|---|---|---|---|
| New Well | | Change in Transporter of: | |
| Recompletion | | Oil | |
| Change in Ownership | | Casinghead Gas | |
| | | Dry Gas | X |
| | | Condensate | |

Other (Please explain)

If change of ownership give name and address of previous owner: SUN OIL COMPANY, Box 1861, MIDLAND, TEXAS 79701

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| GRAYBARD FEDERAL | 1 | HIGH LONESOME QUEEN | State, Federal or Fee FEDERAL | 03361 |

Location: Unit Letter O, 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line of Section 9, Township 17S, Range 29E, NMPM, EDDY County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transp. of Oil or Condensate | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| NONE | |
| **Name of Authorized Transporter of Casinghead Gas or Dry Gas X** | **Address (Give address to which approved copy of this form is to be sent)** |
| GILL JONES OIL COMPANY | Box 2606, ODESSA, TEXAS 79760 |
| If well produces oil or liquids, give location of tanks. Unit / Sec. / Twp. / Rge. | Is gas actually connected? YES When 3-1-61 |

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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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

(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 |
| | | | |

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty R Howard
(Signature)
SECRETARY-TREASURER
MAY 1, 1971
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 4 1971, 19

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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