

DISTRIBUTION	
ANTA FE	
ILE	
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

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

MAY 13 1974

I. Operator **Jack J. Grynberg** **B. E. E. ARTESIA, OFFICE**

Address **1050-17th Street Denver, Colorado 80202**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-12-74 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "GR"	Well No. 1	Pool Name, Including Formation Eagle Creek SA	Kind of Lease State Federal	Lease No. 9542
Location				
Unit Letter K	2310	Feet From The S	Line and 1650	Feet From The West
Line of Section 28	Township 17S	Range 25E	, NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 175 Artesia, N. M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 K Sec. 28 Twp. 17 Rge. 25
Is gas actually connected?	When

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/3/74	Date Compl. Ready to Prod. 5/10/74	Total Depth 1424'	P.B.T.D. 1385'					
Elevations (DF, RKB, RT, GR, etc.) 3577 DF	Name of Producing Formation SA	Top Oil/Gas Pay 1249'	Tubing Depth 1363'					
Perforations 1249' - 1364'	Depth Casing Shoe 1424'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14 3/4"	10 3/4"	222'	240					
9 7/8"	7"	1116'	360					
6 1/2"	4"	1428'	175					
	2 3/8"	1363'						

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 Tanks 5-12-74	Date of Test 5-12-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 150#	Choke Size None
Actual Prod. During Test 37bbbls	Oil-Bbls. 12	Water-Bbls. 25	Gas-MCF None

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.

Jim B. McWilliams (Signature)
Jim B. McWilliams Vice President (Title)
field operations
5/13/74 (Date)

OIL CONSERVATION COMMISSION
MAY 17 1974
APPROVED
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 conditions.
Separate Forms C-104 must be filed for each such change.