

DISTRIBUTION	
ANTA FE	
BLE	<input checked="" type="checkbox"/>
S.O.S.	
AND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
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 1-1-55

RECEIVED

SEP 12 1974

O. C. C.
 ARTESIA OFFICE

* Connected
 Report

Operator: **Jack J. Grynberg**

Address: **1050-17th Street Denver, CO 80202**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter oil
 Recombination Oil Dry Gas
 Change in Ownership Discharge in Gas Condensate

If change of ownership gives name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "GR"	Well No. and Name, including Formation 1 Eagle Creek SA	Kind of Lease 1/1/1 Federal 1/1/1 N.M.	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 Gas (lean 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. K 28 17 25	Is gas actually connected? No 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) X	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded * 4/2/74	Date Compl. Ready to Prod. 5/10/74	Total Depth * 1428'		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 * 1428				
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"		1076'		360			
6 1/2"	* 4 1/2"		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 * 5/16/74	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 * 65 bbls.	Oil - Bbls. 26	Water - Bbls. 39 Load Water	Gas - MCF TSTM

GAS WELL

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

Cecil D. Gritz

Cecil D. Gritz (Signature)
Drilling & Production Manager

(Title)
9/6/74

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 19 1974**

BY *Will 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 zoned wells.