

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-
Effective 1-1-65

RECEIVED

OCT 31 1974

1.

DISTRIBUTION		
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ILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator	Jack J. Grynberg		
Address	1050-17th Street, Denver, CO 80202		
Reason(s) for filing (Check proper box)	O.C.C. ARTESIA, OFFICE		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	FLARED AFTER 12-1-74
		Dry Gas	UNLESS AN EXCEPTION TO Rule 306
		Condensate	IS OBTAINED
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No., Pool Name, Including Formation	Kind of Lease	Lease No.
FEDERAL "GR"	3 Eagle Creek SA	XXX, Federal XXXX N.M.	9542
Location			
Unit Letter	K	330'	Feet From The West Line and 2310' Feet From The South
Line of Section	28	Township 17 S	Range 25 E, NMPM, Eddy County

III. 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)				
Navaio Crude Oil Purchasing Co.		Box 175 Artesia, N.M.				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	28	17	25	No	

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 Res'v.	Diff. Res'v
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6/27/74	7/22/74	1460'	1412'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3579' GL 3588' KB	San Andres	1253'	1371					
Perforations	Depth Casing Shoe							
1253-1357'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	10 3/4"	218'	175					
9 7/8"	7"	1120'	225					
6 1/4"	4 1/2"	1444'	175					

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 allow able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/18/74	10/22/74	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.		155 psi	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
32	22	10	TSTM

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.

Cecil D. Gritz

(Signature)

(Title)

Drilling & Production Manager

(Date)

October 29, 1974

OIL CONSERVATION COMMISSION

OCT 31 1974

APPROVED _____, 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 completed wells.