	DISTRIBUTION 2 ANTA FE 1/2 ILE 1/2 S.C.S.		CONSERVATION COMM FOR ALLOWABL AND ANSPORT OIL AND N	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65	
	AND OFFICE OIL : TRANSPORTER GAS				
,	PROPATION OFFICE OCT - 1974				
	Cperator ULL 1974				
	Jack J. Grynberg Address 1050-17th Street Suite 1950 Denver CO 80202 ARTEGIA DEFICE				
	1050-17th Stre Reason(s) for filing (Check proper box	et, Suite 1950, Denver,	CO 80202 AF		
	New Well	Change in Transporter of:			
	Recompletion Oll Dry Gas CASINGHEAD GAS MUST NOT BE Change in Ownership Casingheat Gas Condemante FLARED AFTER				
	If change of ownership give name IS OBTAINED FOR 206 and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE Lease Name Weil No. / Paol Name, Including Formation Kind of Lease				
	FEDERAL "GR"	5 Eagle Creek		Xind of Lease XYXX, Federal XX	XX N.M. 9542
	Unit Letter; 990	East Erom The East	2310'	_ Feet From The _	South
	Line of Section 29 Township 17 S Rampe 25 E , NMPM, Eddy Con				
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil cr Condensate Address (Give address to which approved copy of this for Navajo Crude Oil Purchasing Co. Box 175 Artesia, N.M.				opy of this form is to be sent) M.
	Name of Authorized Transporter of Cas NONE	Inghead Gas or Dry Gas	Address (Give address to	o which approved c	opy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Egs. K 29 17 25	is gas actually connecte NO	d? When	
IV	give location of tanks. K 29 17 25 NO : If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completio	n = (X)	New Well Workpyer	Deepen Plu	g Back Same Res'v. Diff. Res'
	Date Spudded 7/14/74	Date Compl. Reciy to Prod. 8/6/74	Total Depth 1450'		
	Elevations (DF, RKB, RT, GR. etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tul	1433'
	3591' GL 3600' RB San Andres		1238'		1357' Din Casing Shoe
	1238-1350'	D CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT
┟	13 3/4" 9 1/2"	10 3/4"	220'		175 sacks
	6 1/4"	4 1/2"	1450'		<u>225 sacks</u> 175 sacks
ر ا س	rest DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excercit top				
	OIL WELL able for this depth or be for full 24 hours) OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test				· · · · ·
	10/1/74	10/24/74	Ритр	· · · · · · · · · · · · · · · · · · ·	•
	Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 155 psi		oka Siza Vone
Ī	Actual Prod. During Test 30	Oli+Bhis.	Weter-Bbls.		-MCF
	30 21		9	<u>_</u>	TSTM
ſ	GAS WELL Actual Prod. Test-MCF/D	Longth of Tost	Bbls. Condensate/MMCF	Gro	wity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-	in) Cho	ixe Size
L V1. (CERTIFICATE OF COMPLIANC	ЭЕ ЭЕ	11		N COMMISSION
J	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 beat of my knowledge and belief.		APPROVED OCT 3 1 1974 . 19		
1			BY_ W. a. Aressett		
			TITLEOIL AND GAS INSPECTOR		
	E.C. D. All		11	-	liance with RULE 1104.
-	(Signature) Cecil D. Gritz		If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able 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-10-6 must be filled for each pool in multiple		
_	Urilling & Product				
-	October				
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