

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

3037-0

39414

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1600 Rio Urazoc Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator JACK J. GRYNBERG Well API No. 30-015-21219  
Address 5000 S. QUEBEC ST., SUITE 500 DENVER, COLORADO 80231  
Reason(s) for Filing (Check proper box)  Other (Please explain)  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Operator  Casinghead Gas  Condensate   
If change of operator give name and address of previous operator NAVAJO REFINING CO. P.O. BOX 159 ARTESIA, N.M. 88210

II. DESCRIPTION OF WELL AND LEASE  
Lease Name FEDERAL GR Well No. 5 Pool Name, Including Formation EAGLE CREEK - SAN ANTONIO Kind of Lease State Lease No. NM-9542  
Location Unit Letter I : 990 Feet From The EAST Line and 2310 Feet From The SOUTH Line  
Section 29 Township 17 SOUTH Range 25 EAST, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil  or  ENKON OIL TRADING & TRANSPORTATION CO. INC. Address (Give address to which approved copy of this form is to be sent) PO. BOX 1188 HOUSTON, TEXAS 77251-1188  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent) N/A  
If well produces oil or liquids, give location of tanks. NW 1/4 SW 1/4 Unit 28 Sec. 17S Twp. 25E Rge. NO 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)  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Same Res'v  Diff Res'v  
Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.H.T.D. \_\_\_\_\_  
Elevations (DF, RKB, RT, CR, 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  
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 Tank \_\_\_\_\_ 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/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. OPERATOR CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Signature Todd S. McDonald Date Approved OCT 18 1990  
Printed Name TOOD S. McDONALD Title SUPERVISOR, DISTRICT II  
Date OCTOBER 12, 1990 Telephone No. (303) 850-7490

JG MID GARDNER

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
  - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
  - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.