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(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico

May 28, 1962

Ton	npany or Ope Sec.	ation 22	T 178 R NMPM, and Jackson also Pool
um Lot Ed	ldy	(479258144-4	County. Date Spudded Date Drilling Completed
Please indicate location:			Top Oil/Gas Pay Sa84 Name of Prod. Form.
(СВ	À	PRODUCING INTERVAL - 6906 - 6926
	P G	H	Perforations Depth 6939 Open Hole Casing Shoe Tubing
	X J	I.	OIL WELL TEST - Choke Natural Prod. Test: 105 bbls.oil, bbls water in hrs, min. Size
90	N 0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls.oil, bbls water in hrs, min. Size
100	FBL, 330		GAS WELL TEST -
/			
na Coa			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
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Sure	ing and Geme Feet	nting Recor	
5ire -5/8	ing and Geme Feet	nting Recor	Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
-5/8 -1/2	ing and Come Feet 1437 6939	Sax	Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Casing Packer Tubing Press. Oil run to tanks
ng ,Cast Sur -5/8 -1/2	ing and Come Feet 1437 6939	Sax	Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Casing Packer Tubing Press. Oil run to tanks
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5/8 -1/2 -3/8 arks:	Feet 1437 6939 6860	500 772	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Casing Packer Tubing Press. 450 Date first new oil run to tanks Oil Transporter Method Corporation (Trucks) Gas Transporter Gas Transporter Gas Transporter Tubing Level at this time Casing Packer Tubing Acid Corporation (Trucks) The Connected at this time Casing Packer Tubing Acid Corporation (Trucks) The Connected at this time Casing Packer Tubing Acid Corporation (Trucks) The Connected Acid Corporation (Trucks)
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5ure -5/8 -1/2 -3/8 arks:	1437 6939 6860	500 772 at the info	Test After Acid or Fracture Treatment:

DISTRIBUTION SANTA F: U.S.U., LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION CUMMISSION SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE		TO TI	RANSPOR	T OIL AND	NATURAL	GAS	
OPERATOR		FILE THE ORIGIN	NAL AND 4 C	OPIES WITH 7		TE OFFICE	
Company or Operator Graridg	e Corp	orstion		Lease Vell No. Dexter Federal 3			
Unit Letter	Section 22	Township	Range	30B	County	Eddy	
Pool and	De	hso- oh	3		Kind of Lease		99030 (=)
If well produc	es oil or con	densate Uni	t Letter	Section	Township	Ra	nge
Authorized transporter of	ation of tank		I	Address (give		78 proved copy of this	30B form is to be sent)
-		ation (Trucks)	306 ¥	& J Tower		
		Is Gas Actual	ly Connected		_No		
Authorized transporter of	casing head	gas or dry gas	Date Con- nected	Address (give o	iddress to which ap	proved copy of this	form is to be sent)
Not Con	nected	at this time					
If gas is not being sold, g	zive reasons	and also explain its prese	nt disposition:	<u> </u>			
				(please check			
		ransporter (check one)	• • • 🔚	Change in Ow Other (explain	mership 		
		Dry Gas.	\Box	omer (explusi	· veiouy		
		ead gas . Condensat					
Remarks				· · · · · · · · · · · · · · · · · ·			
!							
The undersigned certifi	es that the	Rules and Regulations	of the Oil Cor	nservation Con	mission have be	en complied with.	
				Nay	_		
		this the day	of	By	, 19 <mark>62</mark> .	** ** ** ***	
	ONSERVA	TION COMMISSION)		
Approved by	~ //	7		Tivle	P. Darn	111	
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Date WAY	2 0 100	r.			raver B		
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