

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
INTAKE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
S.O.B.	
AND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
PERATOR	<input checked="" type="checkbox"/>
LOCATION OFFICE	
operator	

TOMSCO Energy
address P.O. Box 664 ARTESIA, NEW MEXICO 88210
reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter oil: ☒ Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒
change of ownership give name and address of previous owner Collier Energy, Inc., P.O. Drawer R, Artesia, N.M. 88210

DESCRIPTION OF WELL AND LEASE
Lease Name GRABBE STATE Well No. 3 Pool Name, including Formation ARTESIA Q G SA Kind of Lease STATE Lease No. 647-184
Location
Unit Letter L; 2350 Feet From The SOUTH Line and 1050 Feet From The WEST
Line of Section 17 Township 18S Range 28E NMPM EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
NAVAJO REFINING PIPELINE DIV. Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159 ARTESIA, N.M. 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit L Sec. 18 Twp. 17 Rge. 28 Is gas actually connected? NO When

If this production is commingled with that from any other lease or pool, give commingling order number:
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.B.T.D.
Elevations (DF, RKB, RT, GR, 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
Post ED-3
5-34-86
Gas Op

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bble. Water-Bble. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MMCF Gravity of Condensate
Testing Method (pump, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.

Thomas K. Swartz
(Signature)
OPERATOR
(Title)
5-7-86
(Date)

OIL CONSERVATION DIVISION
JUN 3 1986

APPROVED _____, 19____
Original Signed By
BY Les A. Clements
Supervisor District II
TITLE _____

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 multiple completed wells.