

REQUEST FOR (OIL) - (GAS) ALLOWABLE

MAY 28 1962

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed oil well. Form C-104 is to be submitted in QUADRUPPLICATE 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  
(Place)

May 28, 1962  
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Graridge Corporation Mc Nitt State, Well No. 16, in NW 1/4 SW 1/4,  
(Company or Operator) (Lease)

L, Sec. 21, T. 18S, R. 28E, NMPM, Artesia Pool  
(Unit Letter)

Eddy

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

2310 FSL, 660 FVL

Tubing, Casing and Cementing Record

Size	Feet	Six
7	483	150
4 1/2	2355	150
2 3/8	2036	

County. Date Spudded 4-17-62 Date Drilling Completed 4-28-62  
Elevation 3585 Total Depth 2358 PBD 2350  
Top Oil/Gas Pay 2038 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2039-56, 2311-14, & 2318-24  
Open Hole None Depth Casing Shoe 2355 Depth Tubing 2036

OIL WELL TEST - Pumping

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 125 bbls. oil, bbls water in 24 hrs, min. Size Choke f

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

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 sand): 750 gals. acid, 20,800 gals. oil, & 20,800# sand.

Casing Tubing Date first new oil run to tanks May 12, 1962  
Press. Press.

Oil Transporter Continental Pipe Line Company

Gas Transporter None

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved MAY 31 1962, 19

OIL CONSERVATION COMMISSION

By W. A. Gressett

Title OIL AND GAS INSPECTOR

Graridge Corporation  
(Company or Operator)

By J. P. Barnhill  
Title Superintendent  
Send Communications regarding well to:

Name Graridge Corporation

Address Drawer B, Artesia, New Mexico

OIL CONSERVATION COMMISSION	
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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

**FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE**

Company or Operator <b>Graridge Corporation</b>				Lease <b>Mc Nutt State</b>		Well No. <b>16</b>	
Unit Letter <b>L</b>	Section <b>21</b>	Township <b>18S</b>	Range <b>28E</b>	County <b>Eddy</b>			
Pool <b>Artesia</b>				Kind of Lease (State, Fed Fee) <b>State #647</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>H</b>	Section <b>21</b>	Township <b>18S</b>	Range <b>28E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Continental Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent)  <b>Artesia, New Mexico</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>  <b>None</b>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

**Not commercial**

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☒  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

Change in Ownership ..... ☐  
 Other (explain below)

**RECEIVED**

**MAY 28 1962**

**D. F. G.**  
**ARTESIA, OFFICE**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **28th** day of **May**, 19**62**.

**OIL CONSERVATION COMMISSION**

Approved by

*W. A. Gressett*

Title

**OIL AND GAS INSPECTOR**

Date

**MAY 31 1962**

By

Title

*J. P. Barnell*  
**Superintendent**

Company

**Graridge Corporation**

Address

**Drawer B, Artesia, New Mexico**