

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(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 12-28-61
(Place) (Date)

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

Graridge Corporation Resler Yates Co., Inc. Well No. 343 in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

0 / 29 Sec. 18E, R. 28E, NMPM, Artesia Pool
Unit Letter

Eddy County. Date Spudded 11-1-61 Date Drilling Completed 11-10-61

Please indicate location:

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

990 FSL, 1650 FEL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>482</u>	<u>125</u>
<u>4-1/2</u>	<u>2052</u>	<u>100</u>
<u>2-3/8</u>	<u>1792</u>	<u>---</u>

Elevation 3542 Total Depth 2052 FRTD 2043

Top Oil/Gas Pay 2005 Name of Prod. Form. 1st Grayburg

PRODUCING INTERVAL -

Perforations 2006 - 2023

Open Hole None Depth Casing Shoe 2052 Depth Tubing 1992

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 Choke load oil used): 1 bbls. oil, 0 bbls. water in 24 hrs, -- min. Size --

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)

250 gals. NE acid, 3,750 gals. water, & 17,500# sand

Casing _____ Tubing _____ Date first new _____
Press. -- Press. -- oil run to tanks December 21, 1961

Oil Transporter Continental Pipe Line Company

Gas Transporter None

Remarks: _____

RECEIVED

JAN 4 1962

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

Approved: JAN 4 1962, 19____

Graridge Corporation, Inc.
(Company or Operator) ARTEZIA, NEW MEXICO

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

By: J. P. Darnold
(Signature)
Superintendent

Title: _____

Title: _____
Send Communications regarding well to:

Name: Graridge Corporation

Address: Drawer B, Artesia, New Mexico

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CALIFORNIA CONSERVATION COMMISSION
FISH AND WILDLIFE DIVISION
SACRAMENTO, CALIFORNIA

NUMBER OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

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 Graridge Corporation				Lease Resler Yates State		Well No. 343	
Unit Letter 0	Section 29	Township 18S	Range 28E	County Eddy			
Pool Artesia				Kind of Lease (State, Fed Fee) State #647			
If well produces oil or condensate give location of tanks			Unit Letter H	Section 21	Township 18S	Range 28E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipe Line Company				Address (give address to which approved copy of this form is to be sent) Artesia, New Mexico			
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"/> None			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 Ownership ☐
 Change in Transporter (check one) Other (explain below)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate . ☐

RECEIVED

Remarks

JAN 4 1962

O. C. C.
ARTESIA OFFICE

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

Executed this the 25 day of December, 1961.

OIL CONSERVATION COMMISSION

By

Approved by

Title

Title

Company

Date

Address

J. P. Darnell

Superintendent

Graridge Corporation

Drawer B, Artesia, New Mexico