

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

RECEIVED  
Form C-104  
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE MAY 29 1961 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-104 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 25, 1961  
(Place) (Date)

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

Graridge Corporation - Levens State, Well No. 9, in SW 1/4, SE 1/4,  
(Company or Operator) (Lease)

0, Sec. 4, 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

257 FSL, 1581 FSL

Tubing, Casing and Cementing Record

Size	Feet	Sax
10	605	
7	2315	
2	2377	None

County. Date Spudded 9-2-25 Date Drilling Completed  
Elevation 3645 Total Depth 4036 PBD 2500

Top Oil/Gas Pay 2316 Name of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations

Open Hole 2316 - 2375 Depth Casing Shoe 2315 Depth Tubing 2377

OIL WELL TEST - Pumping

Natural Prod. Test: 3 bbls. oil, 15 bbls water in 24 hrs, min. Choke Size

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

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):

None

Casing Tubing Date first new Press. - Press. - oil run to tanks May 25, 1961

Oil Transporter Continental Pipe Line Co., Artesia, N. M.

Gas Transporter None

Remarks: Tubing, casing, and cementing record is incomplete and subject to errors due to the absence of records.

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

Approved MAY 29 1961, 19

OIL CONSERVATION COMMISSION

By: W. A. Gussert

Title OIL AND GAS INSPECTOR

Graridge Corporation  
(Company or Operator)

By: J. P. Barnell  
(Signature) J. P. Barnell

Title Superintendent

Send Communications regarding well to:

Name Graridge Corporation

Address Drawer B, Artesia, New Mexico

OIL CONSERVATION COMMISSION	
ARTESIA DISTRICT OFFICE	
No. Copies Received	5
DISTRIBUTION	
FURNISHED	
OPERATOR	
DATE	
PROPERTY OF	
STATE LAND OFFICE	
U. S. G. S.	
TRANSPORTER	
FILE	
BUREAU OF MINES	

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
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**

**RECEIVED**  
**FORM C-110**  
 (Rev. 7-60)  
**MAY 29 1961**  
**O. C. C.**  
**ARTESIA, NEW MEXICO**

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Graridge Corporation</b>				Lease <b>Lovers State</b>		Well No. <b>9</b>	
Unit Letter <b>0</b>	Section <b>4</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</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>H</b>	Section <b>4</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 <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<b>Change operator</b>
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

**Change operator from: THE IBEX COMPANY**  
**Effective: May 25, 1961**

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

Executed this the **25th** day of **May**, 19**61**.

**OIL CONSERVATION COMMISSION**

Approved by

*W. A. Gressett*

Title

**Oil and Gas Inspector**

Date

**MAY 29 1961**

By

*J. P. Barnell*

Title

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

Company

**Graridge Corporation**

Address

**Drawer B**  
**Artesia, New Mexico**