			(1)
Subnut 5 Copies Appropriate District Office	State of Energy, Minerals and N	New Mexico atural Resources Department	Forwer 1-1-89 Reveal 1-1-89 See Instructions
DISTRICT 1 P.O. Dox 1980, 1100bs, NM 88240	OIL CONSERV	ATION DIVISION	SEP 0 1 1992 Al Baltun for Page
DISTRICT II P.O. Drawer DD, Attesia, NM 88210	P.O. 1	Box 2088 Mexico 87504-2088	0. C. D.
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWA		ION
I. Operator			Well API No.
Address			
P.O. Box 276, Arte Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Effective 8/1/	92
If change of operator give name and address of previous operator Mark	oob Energy Corporation,	P. O. Drawer 217, A	rtesia, NM 88210
II. DESCRIPTION OF WELL Lesse Name WEST ARTESIA GRAYBUR	70 5 Well No. Pool Name, Inclu	ling Formation QUEEN GRBG SA	Kind of Lease Lease No. State, Recent XX E E-7179
Location Location Location Line 2269 Feet From The S Line and 330. Feet From The W Line			
	100	28Е <u>, NMFM,</u>	EDDY County
L		IRAL GAS	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil         NAVAJO REFINING CO.         Address (Give address to which approved copy of this form is to be sent)         P. O. BOX 159, ARTESIA, NM 88210         Name of Authorized Transporter of Casinghead Gas         The of Authorized Transporter of Casinghead Gas			
Name of Authorized Transporter of Casing GPM GAS CORPORATION	·	4001 PENBROOK, OI	DESSA, TX /9/62
If well produces oll or liquids, give location of tanks.	Unit Sec. Twp. Rge L 8 18 28	·····	When 7
If this production is commingled with that from any other lease or pool, give commingling order number: IV, COMPLETION DATA			
Designate Type of Completion	- (X) Oli Well Gas Well	New Well Workover D	epen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKD, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		-	
V. TEST DATA AND REQUES OIL WELL (Test must be after ra	IT FOR ALLOWABLE ecovery of total volume of load oil and mus	t be equal to or exceed top allowable	for this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Prow, purp. 8	9-11-92
Length of Test	Tubing Pressure	Casing Pressure	Choke Size Chg. Op
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL	L	Bbls. Condensale/MMCI	Gravity of Condensate
Actual Prod. Test - MCI/D	Length of Test	Casing Pressure (Shul-in)	Clioke Slize
l'osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
VI. OPERATOR CERTIFICA	ATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regula Division have been complied with and the	hat the information given above	Date Approved SEP 1 1992	
is true and complete to the best of my knowledge and belief.		ORIGINAL SIGNED B	
Signature	usu	By	MIKE WILLIAMS SUPERVISOR, DISTRICT !!
Rhonda Nelson	Product.ion-Clerk Tile	11	
AUG 2 8 1	<b>592</b> 748-3303 Telephone No.		
Date	•		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells. 2) An sections of this form must be filled out for anowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filled for each pool in multiply completed wells.