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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
RECEIVED BY  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAR 23 1984  
O. C. D.  
ARTESIA, OFFICE

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

Operator GRSJ Petroleum ✓  
Address Box 6, Loco Hills, New Mexico 88255  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Southland Royalty Co., 21 Destra Dr., Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE  
Lease Name Taylor Unit Well No. 6 Pool Name, including Formation Shugart (Y.SR.Q.G.) Kind of Lease Federal Lease No. LC-058709 (a)  
Location  
Unit Letter M : 25 Feet From The S Line and 1295 Feet From The W  
Line of Section 12 Township 18S Range 31E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Texas-New Mexico Pipeline Co. Box 1510 Midland, Texas 79701  
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 N Sec. 12 Twp. 18S Rge. 31E Is gas actually connected? ☐ 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 ☐

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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.) Post. 2D-3  
Length of Test ☐ Tubing Pressure ☐ Casing Pressure ☐ Choke Size 4-13-84  
Actual Prod. During Test ☐ Oil-Bbls. ☐ Water-Bbls. ☐ Gas-MCF Chg. 2D

GAS WELL  
Actual Prod. Test-MCF/D ☐ Length of Test ☐ Bbls. Condensate/MMCF ☐ Gravity of Condensate ☐  
Testing Method (pilot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Landra W. Shank  
(Signature)  
Co-owner  
(Title)  
3/22/84  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED 4-12, 19 84  
BY Dan Brooks  
TITLE Geologist  
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.