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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Summary of Old C-104 and C-111
Effective 1-1-65

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MAY 24 1984
O. C. D.
ARTESIA, OFFICE

Operator
GRSJ PETROLEUM ✓

Address
P.O. BOX 6, LOCO HILLS, NEW MEXICO 88255

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter oil	<input type="checkbox"/>	Other (Please explain) To obtain an oil allowable
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

Dry Gas ☐
Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Taylor Unit	Well No. 12	Pool Name, including Formation Shugart (Y.SR.Q.G.)	Kind of Lease State, Federal or Fee Fed.LC0058709(a)	Lease No.
Location				
Unit Letter <u>C</u> : <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u>				
Line of Section <u>13</u> Township <u>18S</u> Range <u>31E</u> , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas Eastern Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>2028 E. 4th St. N.M. 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>N</u>	Sec. <u>12</u>
	Twp. <u>18</u>	Rge. <u>31</u>
	Is gas actually connected? <u>no</u> 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 (Test must be after recovery of total volume of load 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 <u>5-7-84</u>	Date of Test <u>5-7-84 to 5-14-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Down hole pump</u>	
Length of Test <u>7 days</u>	Tubing Pressure <u>12 #</u>	Casing Pressure <u>12 #</u>	Choke Size <u>No choke</u>
Actual Prod. During Test <u>3 barrels per day</u>	Oil-Bbls. <u>3 barrels</u>	Water-Bbls. <u>none</u>	Gas-MCF <u>none</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

L. W. Shaw
(Signature)

Co-Owner
5/23/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 25 1984, 19____

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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.