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PRODUCTION OFFICE	<input type="checkbox"/>

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

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-75

RECEIVED BY  
SEP 12 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)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
To obtain an oil allowable	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Taylor Unit	Well No. 11	Pool Name, including Formation Shugart (Y.SR.Q.G.)	Kind of Lease Federal State, Federal or Fee	Lease No. LC 047800 (a)
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>13</u> Township <u>18S</u> Range <u>31E</u> , NMPLA, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-N.M. Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs, N.M. 88240					
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 N	Sec. 12	Twp. 18S	Rge. 31E	Is gas actually connected? no	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 frac'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)

OIL WELL

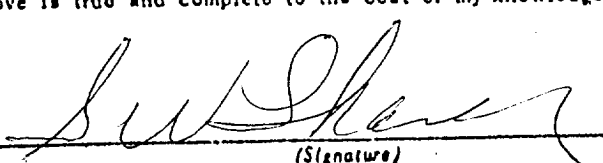
Date First New Oil Run To Tanks 8-28-84	Date of Test 8/28/84 to 9/9/84	Producing Method (Flow, pump, gas lift, etc.) Pumping with downhole pump.	
Length of Test 12 days	Tubing Pressure 12#	Casing Pressure 12#	Choke Size No choke
Actual Prod. During Test 20 bbls	Oil - Bbls. 20 bbls	Water - Bbls. 0	Gas - MCF 0

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.

  
(Signature)  
Co-Owner  
(Title)  
9/11/84  
(Date)

OIL CONSERVATION COMMISSION  
SEP 17 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Original Signed By  
Leslie A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

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.