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ubnit 5 Copies propriate District Office <u>ISTRICT 1</u> .O. Box 1980, Hobbs, NM 88240 <u>ISTRICT II</u> .O. Drawer DD, Antesia, NM 88210	Energy, Minera	10N DIVISION M			RECEIVED Form C-104 Revised 1-1-89 See Instructions MAR Z 7 1991 <sup>at Bottom of Page</sup>			
<u>ISTRICT III</u> DOO Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR A TO TRANSP				ATION S		, <b></b>	
Operator GRS 1 PETROLEUM					Well A	l'1 No.		
GRSJ PETROLEUM  Address P.O.BOX 6, LOCO H  Reason(s) for Filing (Check proper box)  New Well  Recompletion  Thange in Operator  Change of operator give name address of previous operator  I. DESCRIPTION OF WELL A	Change in Trans Oil X. Dry C Casinghead Gas [] Conde	ias [_]	[] Other	(Please explai	in)			
Lease Name TAYLOR UNIT	Well No. Pool	•	ng Formation /.SR.Q.G	.)	Kind o State, I	l Lease iederal or Fee	Lease No. LC 047800 (c	
Unit Letter B	. :660 [iect ]	From The N	Line	and	) lice	t From The	ELine	
Section 13 Township	18S Rang	e <u>31E</u>	, NN	ii'm, E1	DDY		County	
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil NAVAJO REFINING CO. Name of Authorized Transporter of Casing	Condensate	ND NATUI	Address (Give NORTH	FREEMAN	AVE.,	copy of this for ARTESIA, copy of this for	NM 88210	
If well produces oil or liquids, ive location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When 7 N / Z /BS 3/E NO								
If this production is commingled with that f	iom any other lease or pool, g	give commingli	ing order numb	er:				
· · · · · · · · · · · · · · · · · · ·	(V) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	ame Res'v Dill Res'v	
Designate Type of Completion	- (X)       Date Compl. Ready to Prod.		Total Depth	 		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil Cas I	Top Oil Cas Pay			Tubing Depth	
Perforations						Depth Casing	Sing .	
	TUBING, CAS				D		ACKS CEMENT	
HOLE SIZE	CASING & TUBING	5125		DEPTH SET		3/		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLOWABL ecovery of total volume of los	E d oil and must					r full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Mo	thod (Flow, pr	ump, gas lýi, e	elc.)		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Ibla.			Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sale/MMCF		Gravity of Co	ondensate	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	ations of the Oil Conservation that the information given ab	ı	Date	Approve	ed	APR 2 -	DIVISION 1991	
Signifure Rangale Harris Georgenet Printed Name			By Title	By ORIGINAL SIGNED BY MIKE WILLIAMS TILLE SUPERVISOR, DISTRICT IF				
<b>3/21/7</b>	677-2370 Telephon							

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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.

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 filed for each pool in multiply completed wells.

SECENTED

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ARTEN OFFICE