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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 1-1-65

Operator GRSJ PETROLEUM	
Address P.O. Box 6, Loco Hills, New Mexico 88255	
Reasons for filing (Check appropriate) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Please explain) oil To obtain an allowable
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Taylor Unit	Well No. 1	Pool Name, including Formation Shugart (Y.SR.Q.G.)	Kind of Lease State, Federal or Fee Federal	Lease No. LC047800(a)
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The E Line of Section 12 Township 18S Range 31E, NMPL, 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"/> Terra Nova Mining Service Co.	Address (Give address to which approved copy of this form is to be sent) Box 2538 Hobbs, NM 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 Sec. Twp. Rge. IV 12 18 31
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 (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 5-4-84	Date of Test 5-4-84 to 5-15-84	Producing Method (Flow, pump, gas lift, etc.) Pumping with down hole pump	
Length of Test 10 days	Tubing Pressure 12 #	Casing Pressure 12 #	Choke Size No choke
Actual Prod. During Test 3 barrels	Oil-Bble. 3 barrels	Water-Bble. none	Gas-MCF none

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

L W Shaver
(Signature)
Co-Owner
5/23/84 (Date)

OIL CONSERVATION COMMISSION

MAY 25 1984

APPROVED _____, 19 _____

BY W. H. Walker

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.