

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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GT  
up

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1-6-11 1992

I. Operator Graham Royalty, Ltd.		Well API No. 30-015-20886
Address P. O. Box 4495 Houston, Texas 77210-4495		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Mayer	Well No. 1	Pool Name, Including Formation Wildcat Cemetery Strawn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 24 Township 20S Range 24E , NMPM, Eddy County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Natural Gas Pipeline Co. Of America	HCR 60 Box 170 Lovington, NM 88260	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When?
		Yes 12/8/80

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded 6/24/77	Date Compl. Ready to Prod. 10/22/92	Total Depth 9550'	P.B.T.D. 9215'					
Elevations (DF, RKB, RT, GR, etc.) 3616' RKB	Name of Producing Formation Strawn	Top Oil/Gas Pay 8818'	Tubing Depth 8676'					
Perforations 8818-8830'			Depth Casing Shoe 9550'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	415'	450 sx Lite + 150 sx C					
12-1/4"	9-5/8"	1400'	500 sx Lite + 100 sx C					
8-3/4"	5-1/2"	9550'	900 sx H					

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Port ID-2 12-25-92	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size comp str. pup mpr
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D 322	Length of Test 19 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2550 psig	Casing Pressure (Shut-in) packer	Choke Size 12/64

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Jon Hale Sr. Operations Engineer  
Printed Name  
12/9/92 713 873-0066  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved DEC 28 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.