

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address		' OGRID Number	
Corinne B. Grace P O Box 1418 Carlsbad, NM 88221-1418		5268	
' AFI Number		' Reason for Filing Code	
30 - 0 15-10908		Approximate 171 bbls Accumulated oil from SWD	
' Pool Name		' Pool Code	
SWD; Delaware		96100	
' Property Code		' Property Name	
4726		Salty Bill	
' Well Number			
1			

II. ¹⁰ Surface Location

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Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
C	36	22S	26E		660	North	1980	West	Eddy

¹¹ Bottom Hole Location

" Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
" Lee Code	" Producing Method Code	" Gas Connection Date	" C-129 Permit Number	" C-129 Effective Date	" C-129 Expiration Date				

III. Oil and Gas Transporters

III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
15694	Navajo Refining Co. P O Box 159 Artesia, NM 88211-0159			

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OCD - ARTESIA

V. Produced Water

" POD	" POD ULSTR Location and Description
1. Well Completion Data	

V. Well Completion Data

[illegible]

7/I. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method

"I hereby certify that the rules 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: Mitchell Morris
Printed name: Mitchell Morris
Title: Accountant

Date: 01/26/98

Phone: (505) 887-5581

OIL CONSERVATION DIVISION

Approved by: **ORIGINAL SIGNED BY TIM W. GUM**
Title: **DISTRICT II SUPERVISOR**

Approval Date:

2-23-98

" If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name _____

Title

Date _____