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TRANSPORTER	OIL	
	GAS	1
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

APR 20 1971

I. Operator **Corinne Grace** **O. C. C.**  
**ARTESIA, OFFICE**

Address **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

NM-0372996

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<b>Indian Hills Com.</b>	<b>1</b>	<b>Indian Basin-Morrow Gas</b>	State, Federal or Fee <b>Federal</b>	<b>above</b>
Location				
Unit Letter <b>J</b>	<b>1650</b>	Feet From The <b>South</b> Line and <b>1750</b>	Feet From The <b>East</b>	
Line of Section <b>8</b>	Township <b>21 S</b>	Range <b>24 E</b>	NMPM, <b>Eddy</b>	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)	
<b>None</b>		
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)	
<b>Natural Gas Pipeline Co. of America</b>	<b>Box 236, Midland, Texas 79701</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? <b>Yes</b> When <b>4/13/71</b>

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.
		<b>X</b>	<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>6/10/70</b>	<b>9/3/70</b>	<b>10,190</b>	<b>10,163</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>4111 KB</b>	<b>Morrow</b>	<b>9926</b>	<b>9803</b>					
Perforations			Depth Casing Shoe					
<b>9926-28, 9882-84, 9856-60</b>			<b>10,190</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2</b>	<b>13 3/8</b>		<b>314</b>		<b>350</b>			
<b>12 1/4</b>	<b>8 5/8</b>		<b>3288</b>		<b>1358</b>			
<b>7 7/8</b>	<b>4 1/2</b>		<b>10,190</b>		<b>450</b>			
	<b>2 3/8</b>		<b>9803</b>					

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>1548 CAOP</b>	<b>Four 1 1/2 Hr. Rates</b>	<b>3.39</b>	<b>58.0</b>
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<b>4-point back pressure</b>	<b>2923</b>	<b>Packer</b>	<b>Various</b>

VI. 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.

APPROVED **APR 22 1971**, 19  
BY **W. A. Gressett**  
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.

Separate Forms C-104 must be filed for each pool in multiply

**Wonna Keller**  
(Signature)

**Agent**

(Title)

**4/19/71**

(Date)