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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 12 1973

Operator Corinne Grace		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 1118, Carlsbad, New Mexico 88220			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☒	Change in Transporter of:		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grace-Carlsbad	Well No. 1	Production Formation Strawn	Kind of Lease State, Federal or Fee	Lease No. K-6290
Location Unit Letter: I, 1980 Feet From The South Line and 660 Feet From The East				
Line of Section 36 Township 22S Range 26E, NMEM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
Petroleum Corporation	P.O. Box 1183 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	El Paso Nat'l Gas. Bldg., El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit T	Sec. 36
	Twp. 22	Rge. 26
	Is gas actually connected? ☒ When 4-16-73	

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 Resv.	Diff. Resv.
		X	X					
Date Spudded 2/11/72	Date Compl. Ready to Prod. 5/1/72	Total Depth 11,875	P.B.T.D. 72 11,375					
Elevations (DF, RKB, RT, GR, etc.) 3207.8	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,270	Tubing Depth 10165					
Perforations 10,270-277, 10,385-69, 10,421-24, 10,441-44, 10,444-58 10,484-92			Depth Casing Shoe 10727					
TUBING, CASING, AND CEMENTING RECORD								
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	350	400 sack "H"					
12 1/4	9 5/8	5200	1050 sks & 150 sks "C"					
8 3/4	7	10727	335 Class "H"					
	4 1/2	11,875	200					

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)

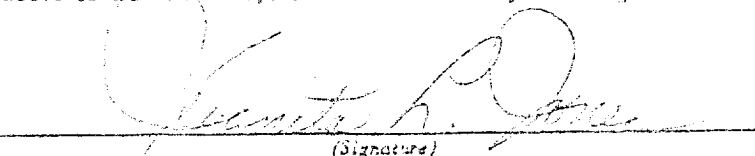
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

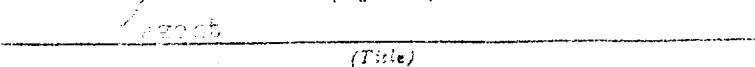
GAS WELL

Actual Prod. Test-MCF/D 5238	Length of Test 1 hrs.	Bbls. Condensate/MMCF 14.4	Gravity of Condensate 54
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 3115.0	Casing Pressure (shut-in) Pkr.	Choke Size variable

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.


(Signature)


(Title)

April 9, 1973
(Date)

OIL CONSERVATION COMMISSION

APR 26 1973

APPROVED _____, 19

BY 

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