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| TRANSPORTER OIL | 1 | |
| TRANSPORTER GAS | 1 | |
| OPERATOR | 2 | |
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

APR 12 1973

O. C. C.
ARTESIA, OFFICE

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

I. Operator: Corinne Grace

Address: P. O. Box 1418, Carlsbad, New Mexico 88220

Reason(s) for filing *(Check proper box)*: New Well ☑; Recompletion ☐; Change in Ownership ☐; Change in Transporter of: Oil ☐, Dry Gas ☐, Casinghead Gas ☐, Condensate ☐

Other *(Please explain)*:

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

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Grace-Carlsbad | 1 | Scharb-Strawn Gas | State, Federal or Fee: State | 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, NMPM, 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)* |
|---|---|
| Permian 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 | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | I | 36 | 22S | 26E | No yes | 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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 2/11/72 | 5/4/72 | 11,875 | 11,377 |

| Elevations *(DF, RKB, RT, GR, etc.)* | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 3207.8 | Strawn | 10,270 | 10168 |

| Perforations | Depth Casing Shoe |
|---|---|
| 10,270-277, 10,385-69, 10,421-24, 10411-14, 10444-58, 10484-92 | 10727 |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17 1/2 | 13 3/8 | 350 | 400 sack "C" |
| 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 |
| | 2 3/8 | 10,203 | |

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

| 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 |
|---|---|---|---|
| 5238 | 4 hrs. | 14.4 | 54 |
| **Testing Method** *(pitot, back pr.)* | **Tubing Pressure** *(Shut-in)* | **Casing Pressure** *(Shut-in)* | **Choke Size** |
| back pressure | 3118.0 | Pkr. | 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.

Corinne Grace
*(Signature)*

Agent
*(Title)*

April 9, 1973
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED APR 26 1973, 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