

DISTRIBUTION		6
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

RECEIVED

JAN 5 1976

I. Operator Corinne Grace

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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.
Livingston Ridge Unit	1	Under Cabin Lake Atoka	State, Federal or Fee	K-4474
Location				
Unit Letter <u>L</u>	<u>1980</u>	Feet From The <u>South</u>	Line and <u>990</u>	Feet From The <u>West</u>
Line of Section <u>36</u>	Township <u>21S</u>	Range <u>30E</u>	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil</u>	<u>Drawer 159, Artesia, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, Texas</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>L</u> Sec. <u>36</u> Twp. <u>21</u> Rge. <u>30</u>	<u>no</u>

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.
		XX	XX			XX		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>7/31/74</u>	<u>12/20/75</u>	<u>13785</u>	<u>13270</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3238.7</u>	<u>Atoka</u>	<u>12826</u>	<u>12783</u>					
Perforations	Depth Casing Shoe							
<u>12826-33 12870-74</u>	<u>13780</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>24</u>	<u>20"</u>	<u>314</u>	<u>700 Class "C"</u>
<u>17 3/4"</u>	<u>13 3/8</u>	<u>3698</u>	<u>3280 Hal. Tt. + 300 CL "C"</u>
<u>12 1/2"</u>	<u>9 5/8</u>	<u>7588</u>	<u>1210 sks</u>
	<u>7</u>	<u>13780</u>	<u>1320 sks.</u>

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
<u>3,450</u>	<u>4 hrs.</u>	<u>dry gas</u>	<u>Dry</u>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>back pressure</u>	<u>1610</u>		<u>varied - 4 pt. test.</u>

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.

Veronica P. [Signature]

Agent

(Title)

1/2/76

(Date)

OIL CONSERVATION COMMISSION

JAN 15 1976

APPROVED

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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