

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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APR 29 1991

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Corinne B. Grace		Well API No. 30-015-26626
Address P.O. Box 1418 Carlsbad, New Mexico 88220		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/2/91 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Salomeh	Well No. 1	Pool Name, Including Formation Cabin Lake Delaware	Kind of Lease State, Federal or Fee	Lease No. K-4474
Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 36 Township 21S Range 30E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat. Gas	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36	Twp. 21S	Rge. 30E	Is gas actually connected? no	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-7-91	Date Compl. Ready to Prod. 4-02-91	Total Depth 7625'	P.B.T.D. 7582' Post ID-2					
Elevations (DF, RKB, RT, GR, etc.) 3249.6 GR	Name of Producing Formation Brushy Canyon Delaware	Top Oil/Gas Pay 6307	Tubing Depth 6427' comp + BK					
Perforations 6307-6314, 6321-6329'	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 7625'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	415'	600 sx C					
12 1/4	8 5/8	3500'	2750 Lite + 250 "C"					
7 7/8"	5 1/2"	7625'	325 Lite + 840 Microbond					
	2 7/8"	6427'						

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 Tank 4-18-91	Date of Test 4-18-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 175	Gas - MCF 39

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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  
Gene Lee  
Printed Name  
4-19-91  
Date  
Agent  
Title  
505-622-7355  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 15 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.