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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico gy, Minerals and Natural Resources Departi

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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

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	V	1

2.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Me		_			ax
DISTRICT III	·	XICO 07304-2000		. C. D. ≈≈ OSE(C"		6
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB	LE AND AUTHORIZA		s		Ŋ
•	TO TRANSPORT OIL	AND NATURAL GAS				
Operator	/		Well AP	l No.		
Corinne B. Grace	/		30-	015-266	26	
Address		00000				
P.O. Box 1418 C Reason(s) for Filing (Check proper box	arlsbad, New Mexico	88220 XX Other (Please explain)				
New Well	Change in Transporter of:	Connecting	gas m	eter to	pipe1	ine
Recompletion	Oil Dry Gas		0		F-F	
Change in Operator	Casinghead Gas Condensate					
change of operator give name						
ad address of previous operator						
. DESCRIPTION OF WEL	L AND LEASE					
ease Name	Well No. Pool Name, Including	_	Kind of			se No.
Salomeh	l   Cabin Lak	ke Delaware	MAIE. 1	ederal or Fee	K-44	74
ocation						
Unit Letter M	: 330 Feet From The Sc	outh Line and 330	Feet	From The W	<u>est</u>	Lir
Section 36 Town	iship 21S Range 30E	NII ADNA	r. 1.1			C
Section 3.0 Town	ship Z1S Range 30E	, NMPM,	Eddy	·		County
II. DESIGNATION OF TRA	ANSPORTER OF OIL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil		Address (Give address to which	approved c	opy of this form	is to be sent	)
Permian				- <u></u>		<u> </u>
Name of Authorized Transporter of Ca		Address (Give address to which	approved c	opy of this form	is to be sent	)
El Paso Natural G						
If well produces oil or liquids, ive location of tanks.		Is gas actually connected?	When?		0.1	
	M 36 21S 30E	yes		11/27/	91	
V. COMPLETION DATA	hat from any other lease or pool, give commingli	ing order number:				
V. COM BITTON DATA	Oil Well   Gas Well	New Well   Workover	Deepen	Plug Back Sa	me Res'v	Diff Res
Designate Type of Completic	on - (X)		Julyan			
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing S	<u> </u>	
remorations				Deput Casing a	noc	,
	TUBING, CASING AND	CEMENTING DECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT		NT		
HOLE SIZE	OASING & TOBING GIZE	DEF ITTOE		07,1	IONO OLIVILITY	
V. TEST DATA AND REQU						
	ter recovery of total volume of load oil and must				juli 24 hours	i.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	o, gas iyi, ei	ic.)		
Length of Test	Tuking Programs	Casing Pressure		Choke Size		
rengar or rest	Tubing Pressure	Casing Plessure		Chara dida		
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 Cor	ndensate	
	6					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
4		1				
VI. OPERATOR CERTIF	FICATE OF COMPLIANCE					
I hereby certify that the rules and r		OIL CONS	SERV	ATION D	IVISIO	N
Division have been complied with	and that the information given above		, r g was			
is true and complete to the best of	my knowledge and belief.	Date Approved	UE	.C 3 15.	11	
11 1 000111.						
Muchilymo	wo	By ORIGIN	IAL SIGN	VED BY		
Signature Mitchell Mc	orris Accountant	MIKE V	VILLIAM	S		
Printed Name	Title	Title SUPER	MISCR 1	DISTRICT	i r	
11/26/91	505-887-5581	1100				
Date	Telephone No.					

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.