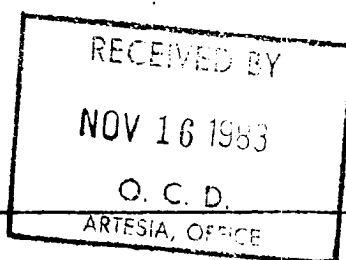


OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SALES	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

MICHAEL P Grace II ✓

Address P. O. BOX 1033107 VENICE, CALIFORNIA 90291 *Carlsbad, N. M. 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 MICHAEL P. GRACE II AND CORINNE GRACE (CORINNE GRACE-OPR)

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name	Well No.	1
PANAGRA COM.	Pool Name, including location	SO. CARLSBAD CANYON
Location	Kind of Lease	STATE
Unit Letter B	990 Feet From The NORTH Line and 1980 Feet From The EAST	Lease No. L-1582
Line of Section 11	Township 23S	Range 26E
NMPM, EDDY		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☒	<i>Navajo Crude Oil Purchasing Co.</i>	<i>P.O. Box 125 Artesia, NM 88210</i>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	<i>Transwestern Pipeline Co.</i>	<i>P.O. Box 2521 - Houston, Texas 77001</i>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	0	11	23
			26
Is gas actually connected?		When	
Yes		4-20-72	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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 Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

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

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.

OIL CONSERVATION DIVISION

NOV 17 1983

APPROVED _____, 19____

Original Signed By
BY Leslie A. Clements
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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completion wells.

MICHAEL P GRACE

XXXXXXXXXXXX (Signature)
XXXXXXXXXXXX

OWNER

JULY 8, 1984

(Date)