

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR		2
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

FEB 2 1972

I. Operator **B. C. C.**
ARTESIA OFFICE

Corinne Grace

Address

c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☐

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 Humble-Grace Com	Well No. 1	Pool Name, including Formation South Carlsbad Morrow	Kind of Lease State, Federal or Fee State	Lease No. L-1582
Location				
Unit Letter P	990	Feet From The South	Line and 660	Feet From The East
Line of Section 2	Township 23 S	Range 26 E	NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Transwestern Pipeline Company	Box 2521, Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When 3 2/2/72			
Yes				

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.
		X	X					
Date Spudded 2/4/72	Date Compl. Ready to Prod. 6/20/72	Total Depth 12,011		P.B.T.D. 11,945				
Elevations (DF, RKB, RT, GR, etc.) 3268 DF	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,680		Tubing Depth 10,616				
Perforations 11,680-690				Depth Casing Shoe 11,196				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		352		500			
12 1/4	9 5/8		5400		2500			
8 3/4	7		11,196		325			
Liner	4 1/2		11,984		100			

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

Rateable - take factor of 61% as per order R-4034

Actual Prod. Test-MCF/D GAOF 33,239	Length of Test 4 one hour flow	Bbls. Condensate/MMCF TSTM	Gravity of Condensate
Testing Method (pitot, back pr.) 4-Point	Tubing Pressure (Shut-in) 3475	Casing Pressure (Shut-in) Pic	Choke Size

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.

Kenneth Haller

(Signature)

Agent

(Title)

2/1/72

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 9 1972**, 19

BY

W. A. Gressett

TITLE

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.