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CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 16 1983

O. C. D.

ARTESIA, OFFICE

Operator: Michael P Grace II ✓

Address: P. O. BOX ~~1033~~ 107 ~~VENICE, CALIFORNIA 90291~~ Carlsbad, N. M. 88220

Reason(s) for filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Ownership ☒ XXX

Change in Transporter of:

- Oil ☐
- Dry Gas ☐
- Casinghead Gas ☐
- Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner: ~~MICHAEL P. GRACE II~~ AND CORINNE GRACE (CORINNE GRACE-OPERATOR)

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
HUMBLE GRACE Com	1	SO. CARLSBAD MORROW	State, Federal or Fee STATE	L-1582

Location: Unit Letter P ; 990 Feet From The SOUTH Line and 660 Feet From The EAST

Line of Section 2 Township 23S Range 26E , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☑: Navajo Crude Oil Purch

Address (Give address to which approved copy of this form is to be sent): Artesia N. M. P. O. Drawer 159

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☑: Transwestern Pipeline

Address (Give address to which approved copy of this form is to be sent): P.O.Box 2521 Houston, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	2	23S	26E	Yes	2-3-72

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
			~~Choke Size~~ ~~Test~~
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
			Posted Ph-3 11-28-83 chg. GOR

GAS WELL

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

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.

Michael P Grace
OWNER (Signature)

JULY 8, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 17 1983, 19

BY Original Signed 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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.