	HO. OF COPIES RECEIVED 5 DISTRIBUTION 5 SANTA FE / FILE / U.S.G.S. 1 LAND OFFICE 01L 1 IRANSPORTER 01L 1 GAS /	AUTHORIZATI	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED				Form C-104 Supersedes Old C-104 and C-114 Effective 1-1-65	
I.	OPERATOR 2 PRORATION OFFICE	2 FEB 2 1972						
•••	Operator D. C. C. Corinne Grace ARTESIA, DEFICE							
	Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N. M. 88240							
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership) Change in Transport Oil Casinghead Gas		Other (Please explain)				
	and address of previous owner							
П.	DESCRIPTION OF WELL AND I Lease Name		e, Including Formation	Kind of L			Lease No.	
	Gradicinoco <u>Com</u>	1 Sout	th Carlsbad Mor	TOW State, Fe	deral or Fee	State	I-1582	
	Unit Letter H ; 250	D Feet From The NC	orth Line and	330 Feet Fr	rom The East	L		
	Line of Section 2 Tow	mship 23 S	Range 26 E	, NMPM,	Eddy		County	
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil			(Give address to which a	pproved copy of thi	s form is to b	e sent)	
	Name of Authorized Transporter of Cas	inghead Gas or Dr	y Gas 🍸 🛛 Address	(Give address to which a	pproved copy of thi	s form is to b	e sent)	
	Transwestern Pipeline Company		Box	Box 2521, Houston, Texa				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp	. Rge. Isgasad Yes	ctually connected?	When 4	2		
	If this production is commingled wit	h that from any other le	ii	mingling order number:	<u> </u>	<u> </u>	1	
	COMPLETION DATA	Oil Well	Gas Well New Wel		TPlug Back	Same Res'v.	Diff. Resfv.	
	Designate Type of Completio		XX				1	
	Date Spudded	Date Compl. Ready to Pr		•	P.B.T.D.			
	6/25/71 Elevations (DF, RKB, RT, GR, etc.)	9/1//1 Name of Producing Form		1,965 'Gas Pay	Tubing Dept	11,854		
	3263 DF	Morrow	1	1,656		11,316		
	Perforations 11,656 - 11,686				Depth Casin	11.964		
				CEMENTING RECORD				
	HOLE SIZE	CASING & TUBIN		DEPTH SET	SA	CKS CEME	T	
	$\frac{17 1/2}{12 1/4}$	<u>13 3/8</u> 9 5/8		<u>366</u> 5389		<u> 690 </u>		
	8 3/4	7 2/0		11.434		300		
	Liner	4 1/2		11.964		100		
v .	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 allow able for this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test		ng Method (Flow, pump, ga	is lift, etc.)			
Ì	Length of Test	Tubing Pressure	Casing F	Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - B	bl s.	Gas - MCF	<u> </u>		
	GAS WELL Ratable take factor of 51% asper Order R-4034							
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Co	ondensate/MMCF	Gravity of C	ondensate		
	CAOF 7543	4 One Hour	Flow	TSTM				
ſ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	in) Casing F	Pressure (Shut-1n)	Choke Size			
[4-Point	3308		Plan OIL CONSER		MISSION		
VI.	CERTIFICATE OF COMPLIANCE							
	I hereby certify that the rules and regulations of the Oil Conservation			APPROVED				
	commission have been complete with and that the information gives above is true and complete to the best of my knowledge and $5 e^{1/2}$			BY IN. a. Gressett				
	Fore is the subject to the post of my monseeBe and (ULLARD GAS INSPECTOR				
	Hanna Luller			This form is to be filed in compliance with RULE 1104.				
-	(Signature)			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				
	Agent			tests taken on the well in accordance with RULE 111.				
-	(Title)			All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
	2/1/7			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.				
	(Date)			well name or number, or transporter, or other such change of condition				