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

,	Corrected Copy					
	NO. OF COPIES RECEIVED 5					
,	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104				
}	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 AND Supersedes Old C-104 and C-1 ELG-155				:-104 and C-116
ļ	FILE		AND			
ļ	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND N			
ļ	LAND OFFICE	MAY 2 3 1972				
	TRANSPORTER OIL					
	GAS	⊣				
		PRORATION OFFICE ARTESIA, DEFILE				
1.	O-1010					
	Corinne Grace					
	Address					
	P.O. Box 1418	Carlsbad, New Mexico				İ
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of:					
	Recompletion	Ott Dry Ga	s			
	Change in Ownership	Casinghead Gas Conden	sate X			
i	Change In Ownership					
	If change of ownership give name					
	and address of previous owner		· · · · · · · · · · · · · · · · · · ·			
	DESCRIPTION OF WELL AND	FACE				
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.
	Gradonoco Com	l South Carlsh	ad Morrow	State, Federal	or Fee State	L - 158 ‡
	Location					
	⁄ н 2500	Feet From The North Lin	330	Feet From T	_{be} East	
	Unit Letter;	Feet From TheLin	e did	_ 1 66(1 100) 1		
	Line of Section 2 Tov	vnship 23 S Range 26	E , NMPM,		Eddy	County
	Line of Section 100		 			
ttt	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to	o which approv	ed copy of this form is to	be sent)
	Scurlock Oil Compan		1216 Vaugh	n Buildir	ng, Midland, Tex	as 79701
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Address (Give address to	o which approv	ed copy of this form is to	be sent)
	Transwestern Pipeli	ne Company	P.O. Box 2521,	Houston,	Texas 77001	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	d? Whe		
	give location of tanks.	1 1 1 2 1 232 1 268	Yes	1	2/4/72	
	To a transfer in committee with	th that from any other lease or pool,	give commingling order	number:		
	COMPLETION DATA	the that from any other round or poor,	6			
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Restv	Diff. Reast.
	Designate Type of Completion	$\operatorname{on} - (X)$	<u> </u>	!	[[1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	6/25/73	9/1/71	11,965		11,854	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	3263 DF Morrow		11,656		11,316 Depth Casing Shoe	
	Perforations				1/ 1	
	11,656 - 11,686	11,964				
		TUBING, CASING, AND			1	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<i>*</i>	SACKS CEME	NT
	17 1/2	13 3/8	366		690	
	12 1/4	9 5/8	5389_		1350	
	8 3/4	7	11,434		300	
	Liner	1 1/2	11,964		100	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volum	ne of load oil o	and must be equal to or exc	seed top allow-
	OIL WELL	able joi inte de	pth or be for full 24 hours Producing Method (Flow		t etc.)	
	Date First New Oil Run To Tanks	Date of Test	broadering Watupa (L. tom	, pump, gas tij	, 6161/	
			Casing Pressure		Choke Size	
	Length of Test	Tubing Pressure	Control Liessone	· · · · · · · · · · · · · · · · · · ·	0	
		OH-Bbls.	Water - Bbis.		Ggs-MCF	
	Actual Prod. During Test	OR-BBIS.	114(61 - 2212)		1	
		<u> </u>	<u> </u>			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
	Actual Prod. Test MCF/D	·				<u></u>
	CAOF 7543	4 one hour flow Tubing Pressure (shut-in)	TSTM Casing Pressure (Shut-	-in)	Choke Size	
	Testing Method (pitot, back pr.)	3308	Pkr		0020 0.20	· · · · · ·
_			T		TION COMMISSION	
۷I.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
			APPROVED MAI 29 1972			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. C. Gressell			
			HIL AND CAS Theresals			
			TITLE			
			This form is to be filed in compliance with RULE 1104.			
	Maria la X Mille		If this is a request for allowable for a newly drilled or deepened			
	(Signature)		I wall this form must be accompanied by a tabulation of the deviation			
	Agent		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	(Title)		able on new and recompleted wells.			
	4/19/72		Fill out only Sections I II. III. and VI for changes of owner,			
	(Date)		well name or number, or transporter, or other such change of condition.			

(Date)