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-110
Effective 1-1-65

RECEIVED
AUG 25 1975
O. C. C.
ARTESIA, OFFICE

Operator: Corinne Grace

Address: P.O. Box 1418, Carlsbad, New Mexico 88220

Reason(s) for filing (Check proper box): New Well XX; Change in Transporter of: Oil ☐ Dry Gas ~~XX~~; Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

R-5204 4-20-76

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease: State, Federal or Fee	Lease No.
Cueva Unit	1	Sheep Draw Strawn Gas / ~~Undesig.~~ Wildcat Strawn	State	K 4535

Location: Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 6 Township 23S Range 26E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐: El Paso Natural Gas

Address (Give address to which approved copy of this form is to be sent): P.O. Box 1492, El Paso, Texas, 79999

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge.

Is gas actually connected? ~~No~~ yes When ~~Approx. 8/27/75~~ 8-29-75

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/14/74		11577	11512

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3418.7	Strawn	10164	10127 w/ Pkr @ 10092 ~~11616~~

Perforations: 10164-74 10254½-10255 10164-10174 102.74-266 10260-64

Depth Casing Shoe: 11618

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	255	490 sks Cl"C" w/2% Cal C
14 3/4"	11 3/4"	1257	950 sks Cl"C"
11"	8 5/8"	4915	540 Hal Lt. 150 Cl C
7 7/8"	5 1/2"	11618	1350 Cl H

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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
12,200 AOF	4 hours	Dry Gas	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3821		varied- 4 Point test

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 16 1975, 19

BY W. A. Gressett

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.