

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator  
V. H. WestbrookAddress  
P. O. Box 2264, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Grandi	Well No. 1	Pool Name, including Formation E. Carlsbad Wolfcamp-Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>22S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> So. Union Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 980, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>22</u>
	Twp. <u>22S</u>	Rge. <u>27E</u>
	Is gas actually connected? <u>Yes</u> When <u>09/08/83</u>	

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'tv.	Diff. Res'tv.
		<u>X</u>	<u>X</u>			<u>X</u>		<u>X</u>
Date Spudded <u>08/03/82</u>	Date Compl. Ready to Prod. <u>07/10/83</u>	Total Depth <u>12030</u>		P.B.T.D. <u>9665</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3118</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>9002</u>		Tubing Depth <u>9620</u>				
Perforations <u>9002 - 9045</u>	<u>9398 - 9622</u>	Depth Casing Shoe <u>12032</u>						

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13-3/8"</u>	<u>600.99</u>	<u>580 sxs Class C</u>
<u>12 1/4</u>	<u>9-5/8"</u>	<u>5513.25</u>	<u>1325xssx Halliburton Lt. w/ 300 Class C</u>
<u>8-3/4</u>	<u>5-1/2"</u>	<u>12032.00</u>	<u>1200 Sxs Class H</u>

TEST DATA AND REQUEST FOR ALLOWABLE  
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 <u>AOF 1399</u>	Length of Test <u>6 hrs.</u>	Bbls. Condensate/MMCF <u>6/231</u>	Gravity of Condensate <u>570</u>
Testing Method (pilot, back pr.) <u>600# Back Pressure</u>	Tubing Pressure (Shut-in) <u>4512#</u>	Casing Pressure (Shut-in) <u>-0-</u>	Choke Size <u>24/64</u>

## 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.

Production Superintendent

09/14/83

OIL CONSERVATION DIVISION  
SEP 27 1983

APPROVED \_\_\_\_\_, 19

BY Original Signed By  
Leslie A. Clements  
TITLE Supervisor District IIThis 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 deviatio  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multipl  
completed wells.