

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**OIL CONSERVATION DIVISION**  
RECEIVED  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

MAR 18 1991

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
FOR TRANSPORT OIL AND NATURAL GAS**

I.

Operator Graham Royalty, Ltd.	Well API No. 30-015-26576
Address 5429 LBJ Fwy., Suite 550, Dallas TX 75240	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	
Casinghead Gas MUST NOT BE FLARED AFTER 6/1/91 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED Ex # 2-241 until 12/1/91	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name NYMEYER "A"	Well No. 1	Pool Name, Including Formation East Loving (Delaware)	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter C : 660 Feet From The N Line and 2030 Feet From The W Line Section 15 Township 23S Range 28E, NMPM, Eddy County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 15	Twp. 23S	Rge. 28E	Is gas actually connected? NO	When? April 15, 1991 (est)

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/01/91	Date Compl. Ready to Prod. 2/14/91 3-13-91	Total Depth 6390'	P.B.T.D. 6345'					
Elevations (DF, RKB, RT, GR, etc.) 3010.5' (RKB) 2996' (GR)	Name of Producing Formation Brushy Canyon	Top Oil/Gas Pay 6028' 6093	Tubing Depth 6018'					
Perforations 6093-6110	Depth Casing Shoe 6390'							
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	588'	440sx Post ID-2					
7 7/8"	5 1/2"	6390'	1312sx 3-29-91					
	2 7/8	6018	comp & BK					

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (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.)

Date First New Oil Run To Tank	Date of Test 3/15/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 50 psi	Casing Pressure 800 psi	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 65	Water - Bbls. 130	Gas- MCF 25 48

**GAS WELL**

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

**VI. OPERATOR 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.

Signature  
Jason C. Sizemore Sr. Petr. Engineer  
Printed Name  
March 15, 1991 (214) 991-3344  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved APR 29 1991  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT #

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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