

OIL CONSERVATION DIVISION

SEP 16 1991

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

O. C. D.  
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Graham Royalty, Ltd.		Well API No. 30-015-26704
Address 5429 LBJ Fwy, Suite 550, Dallas, TX 75240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nymeyer "A"	Well No. 2	Pool Name, Including Formation S. Culebra Bluff (Bone Springs)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>23S</u> Range <u>28E</u> , <u>NMPM</u> , <u>Eddy</u> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 21470, Tulsa, OK 74121					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 15	Twp. 23S	Rge. 28E	Is gas actually connected? <u>Yes</u>	When? <u>11-18-91</u>

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/10/91	Date Compl. Ready to Prod. 8/16/91		Total Depth 6,400'		P.B.T.D. 6,360'			
Elevations (DF, RKB, RT, GR, etc.) 3,010.5 KBE	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 6,257'		Tubing Depth 6,204'			
Perforations 6,257' - 88'					Depth Casing Shoe 6,400'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 530'		SACKS CEMENT 285 sx			
7-7/8"	5-1/2"		6,400'		570 sx/670 sx *			
	2-7/8"		6,204'		* DV Tool @ 3,783'			

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 8/16/91	Date of Test 8/18/91	Producing Method (Flow, pump, gas lift, etc.) Flow		Post ID-2 10-18-91 comp & BK
Length of Test 4 Hrs.	Tubing Pressure 850 psi	Casing Pressure	Choke Size 17/64"	
Actual Prod. During Test	Oil - Bbls. 36 BO	Water - Bbls. 20 BW	Gas - MCF 138 MCF	

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. Petroleum Eng.  
Printed Name  
9/05/91 (214) 991-3344  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 21 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.