

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any completed or recompleting oil or gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Breckenridge, Texas  
(Place)

May 8, 1964  
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Graridge Corporation Hanson, Well No. 6, in NE 1/4 SW 1/4,  
(Company or Operator) (Lease)  
K, Sec. 25, T. 26S, R. 31E, NMPM, North Mason (Delaware) Pool  
Unit Letter

Eddy

County. Date Spudded 7-16-55 Date Drilling Completed 7-31-55

Please indicate location:

Elevation 3149' DF Total Depth 4164' PBD --

Top Oil/Gas Pay 4154 Name of Prod. Form. Upper Delaware Sand

PRODUCING INTERVAL -

Perforations None

Open Hole 4155-4164' Depth 4155' Casing Shoe 4155' Tubing 4155'

OIL WELL TEST - Pumping

Natural Prod. Test: - bbls. oil, - bbls water in - hrs, - min. Size -

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 11.04 bbls. oil, 13.80 bbls water in 24 hrs, - min. Size -

GAS WELL TEST - Pumping

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 5,000# Sand & 5,000 Gallons Oil

Casing Tubing Date first new April 23, 1964  
Press. Press. oil run to tanks

Oil Transporter Teton Pipe Line Company (Effective 5/1/64 transporter is Western Oil Transportation Co., Inc.)  
Gas Transporter Phillips Petroleum Company

Remarks: Well fractured with 5,000 gallons and 5,000# sand and put on the pump.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved MAY 20 1964, 19

Graridge Corporation  
(Company or Operator)

By: (Signature)

Title: Manager of Production

Send Communications regarding well to:

Name: Graridge Corporation  
P. O. Box 752  
Address: Breckenridge, Texas

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: OIL AND GAS INSPECTOR

OIL CONSERVATION COMMISSION		
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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Graridge Corporation</b>				Lease <b>Hanson</b>		Well No. <b>6</b>	
Unit Letter <b>K</b>	Section <b>25</b>	Township <b>26-S</b>	Range <b>31-E</b>	County <b>Eddy</b>			
Pool <b>Mason North Delaware</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter	Section	Township	Range	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Western Oil Transportation Co., Inc.</b> <b>(Pipe Line Division)</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 3120</b> <b>Midland, Texas 79704</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>			Date Connected	Address (give address to which approved copy of this form is to be sent) <b>Room B-2, Phillips Building</b> <b>Odessa, Texas</b>			

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING** (please check proper box)

New Well ..... ☐  
Change in Transporter (check one)  
Oil ..... ☐ Dry Gas ..... ☐  
Casing head gas . ☐ Condensate... ☐

Change in Ownership ..... ☐  
Other (explain below)  
**Workover**

**RECEIVED**

**MAY 20 1964**

**O. C. C.**  
**ARTESIA. OFFICE**

Remarks  
**Well was temporarily abandoned. We fractured with 5,000 gallons and 5,000# sand and put well on the pump.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 18th day of May, 19 64.

OIL CONSERVATION COMMISSION		By
Approved by	<i>Nell Sullivan</i>	<b>Nell Sullivan</b>
Title	<i>ML Armstrong</i>	<b>Production Clerk</b>
	<b>OIL AND GAS INSPECTOR</b>	Company
		<b>Graridge Corporation</b>
Date		Address
<b>MAY 20 1964</b>		<b>P. O. Box 752</b> <b>Breckenridge, Texas</b>