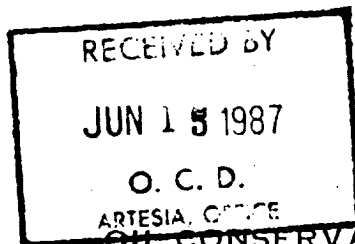


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	<input checked="" type="checkbox"/>
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>



OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Corinne Grace

Address
P. O. Box 1418, Carlsbad, NM 88220

Reason(s) for filing (Check proper box) ADD Other (Please explain)

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

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CG" Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>East Ross Draw - D</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>NM27650</u>
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>South</u> Line of Section <u>25</u> Township <u>26S</u> Range <u>30E</u> , NMPM, <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"/> <u>Permian Corp</u> Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	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 Sec. Twp. Rge. <u>J</u> <u>25</u> <u>26S</u> <u>30E</u>
Is gas actually connected?	When <u>Yes</u> <u>May 13, 1987</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Billy Miller
(Signature)
Agent
(Title)
6-5-87
(Date)

OIL CONSERVATION DIVISION
JUN 19 1987
APPROVED _____, 19_____
BY Les A. Clements
Original Signed By
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
Date Spudded 3-31-86	Date Compl. Ready to Prod. 1-31-87		Total Depth 7025			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3061	Name of Producing Formation Delaware		Top Oil/Gas Pay 5770			Tubing Depth 5790			
Perforations 5770-82 5784-90						Depth Casing Shoe 7025			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		919		800			
11		8 5/8		3555		950			
7 7/8		5 1/2		7025		700			
		2 7/8		5790					

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)

Date First New Oil Run To Tanks 5-27-87	Date of Test 5-27-87	Producing Method (Flow, pump, gas lift, etc.) Pump 2 1/4" x 2" x 24'	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size W 0
Actual Prod. During Test 141	Oil - Bbls. 130	Water - Bbls. 111	Gas - MCF 29

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