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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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

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)

☒ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☐ Change in Ownership

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-28-88

PLEASE AN EXCEPTION FROM F.B.L.M. IS OBTAINED

If change of ownership give name and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ginger Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>East Ross Draw Delaware</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>NM18626</u>
Location Unit Letter <u>0</u> : <u>1880</u> Feet From The <u>East</u> Line and <u>460</u> Feet From The <u>South</u>				
Line of Section <u>24</u> Township <u>26 South</u> Range <u>30 East</u> , NMPM, <u>Eddy</u> County				

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

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3119, Midland, TX</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) <u>P. O. Box 1267, Ponca City, OK 74603</u>
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>24</u> Twp. <u>26S</u> Rge. <u>30E</u>	Is gas actually connected? <u>No</u> When <u>12-17-87 Post ID-2</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 1-1-88

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.

Mike Butts

(Signature)

Agent

(Title)

11-19-87

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 28 1987, 19BY Original Signed ByMike WilliamsTITLE Oil & Gas Inspector

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
7-28-87	11-15-87		7060			6980			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3113.4 GR	Delaware		5809			4564			
Perforations						Depth Casing Shoe			
5809-5817' 9 holes-.50 dia.									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 1/2	13 3/8		906			850			
12 1/4	8 5/8		3545			1550			
7 7/8	5 1/2		7060			1000			
	2 7/8		4564						

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-15-87	11-18-87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	50	50	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	147	0	102

#### 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