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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Corinne Grace

Address
P. O. Box 1418, Carlsbad, New Mexico 88220

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12/22/87
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zac Federal	Well No. 1	Pool Name, Including Formation East East Ross Draw-Delaware	Kind of Lease State, Federal or Fee Fed	Lease No. NM27650
Location Unit Letter <u>N</u> ; 1980 Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>25</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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1267, Ponca City, Okla. 74603
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 25 26S 30E
Is gas actually connected?	When No Post ID-2

If this production is commingled with that from any other lease or pool, give commingling order number: 16-23-87

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

Comp. 4 01

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)

10-5-87

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 27 1987, 19____
BY Original Signed By
Mike Williams
TITLE 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.				
6-9-87	9-14-87		7020		6978				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3039 GR	Delaware		5706		5802				
Perforations						Depth Casing Shoe			
5716-22 3-1/2" Holes						7000			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		920		850				
12 1/4	8 5/8		3480		1800				
7 7/8	5 1/2		7020		1050				
	2 7/8		5802						

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.)	
9-14-87	9-28-87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	50	50	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	140	81	111

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