Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

7- State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No 30Y 360UTL Reason(s) for Filing (Check proper box, Dry Gas Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator 144N-5AN INU P.C. 130×349 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Lease Name GREVE 2 *0* Location 480 Feet From The North Line and Unit Letter Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved cool & Name of Authorized Transporter of Oil or Condensate 10.BOX9156 BIANT Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which appro If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? 35 \boldsymbol{g} If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Oil Well Gas Well New Well | Workover Deepen Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe And West 1 TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE 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 Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc. Length of Test Tubing Pressure Water - Bbls Actual Prod. During Test Oil - Bbls. FEB2 0 1990 **GAS WELL** CONNEW Actual Prod. Test - MCF/D Length of Test DIST. 3 Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) **VI. OPERATOR CERTIFICATE OF COMPLIANCE** OIL CONSERVATION DI 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. Date Approved By_ Title Telephone No.

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 eccurance with Rule 111.

TOTAL TOTAL

- 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.

PRI ROUGHO.