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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator		Universal Resources Corporation	
Address		910 Nat'l Foundation W. Bldg., 3555 NW 58, Okla. City, Okla. 73112	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner: None			

I. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Grigsby-Federal	3-5	Basin Dakota	State, Federal or Fee
			Federal
Lease No.	NM-8007		
Location			
Unit Letter	D	840 Feet From The	North Line and 850 Feet From The West
Line of Section	8	Township	25N Range 10W, NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>
Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>
Address (Give address to which approved copy of this form is to be sent)			
NW Pipeline		P.O. Box 1526, Salt Lake City, Utah, 84110	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected? When
			None Upon Approval

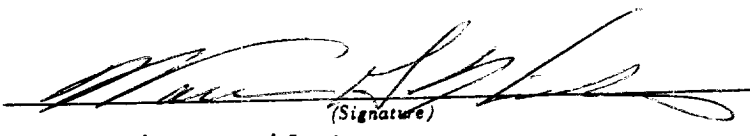
If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-23-74	11-20-74	6375'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GR 6479'	Dakota	6310'	6016'
Perforations			Depth Casing Shoe
6217-19, 6248, 6263-73'			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	205'	165
7-7/8"	4-1/2"	6375'	230

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 for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
AOF 1971	24 hr.	None	None
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
	
Vice President	
(Title)	
March 12, 1976	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED MAR 16 1976, 19	
BY	
TITLE PETROLEUM ENGINEER DIST. NO. 3	
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.	