

DISTRICT I
P.O. Box 1980, Hobbs, NM 87401

DISTRICT II
P.O. Drawer DD, Aztec, NM 87410

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR

Operator: Graham Royalty, Ltd. Well API No. _____

Address: P.O. Box 4495, Houston, Texas 77210-4495

Reason(s) for Filing (Check proper box)

New Well Change in Transporter of: Other (Please explain) effective 7-1-92

Recompletion Oil Dry Gas

Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Cooper B Well No.: 5 Pool Name, Including Formation: Eunice Monument (G-SA) Kind of Lease: State, Federal or Fee Lease No. _____

Location: Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 12 Township 20S Range 36 , NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transportation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77251-1188

Name of Authorized Transporter of Casinghead Gas Warren Petroleum or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, OK 74102

If well produces oil or liquids, give location of tanks: Unit H Sec. 12 Twp. 20 Rge. 36 Is gas actually connected? Yes When? 9-73

If this production is commingled with that from any other lease or pool, give commingling order number: PC-353

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)		

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

Signature: Billy McDougal

Printed Name: Billy McDougal Reg. Affairs Supv.

Date: 7/21/92 Telephone No.: (713) 873-0066

OIL CONSERVATION DIVISION
JUL 27 1992

Date Approved _____

By JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.