

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-1
 Effective 1-1-65

DISTRIBUTION	
DATE	
FILE	
U.S.	
D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR
 Operator: Grace Petroleum Corporation
 Address: P. O. Drawer 2358, Midland, Texas 79702
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter
 Re-completion Oil
 Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner: Cleary Petroleum Corporation, P. O. Drawer 2358, Midland, Tx. 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico "D" State</u>	Well No. <u>2</u>	Block <u>Eunice Monument (G-SA)</u>	Kind of Lease State, Federal or Foreign <u>State</u>	Lease No. <u>B-2209</u>
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> ; <u>660</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>19-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Texas-New Mexico Pipe Line (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas 79702
 Name of Authorized Transporter of Casinghead Gas
Warren Petroleum Company (Give address to which approved copy of this form is to be sent)
P. O. Box 1589, Tulsa, Oklahoma 74102
 If well produces oil or liquids, give location of tanks. Unit H Sect. 20 Twp. 19-S Range 37-E
 Is it directly connected? Yes Unknown

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well
 Date Spudded _____ Date Compl. Ready to Prod. _____
 Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____
 Perforations _____
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 of sufficient quantity of total volume of load oil and must be equal to or exceed top allowable for this well for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Choke Size
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I. 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.

Buddy J. Knight
 District Production Manager
 10-25-78
 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 7 1978
 Orig. Signed by Jerry Sexton
 Dist 1, Super

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 logs 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, name or number, or transporter or other such change of condition.