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

RECEIVED BY
MAY 24 1984
O. C. D.
ARTESIA, OFFICE

Superseded by C-10
Effective 1-65
Old C-104 and C-105

Operator GRSJ PETROLEUM ✓

Address P.O. Box 6, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of Oil

Recompletion Oil Dry Gas T obtain an oil allowable

Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Taylor Unit</u>	<u>5</u>	<u>Shugart (Y.S.R.O.G.)</u>	State, Federal or Fee <u>Federal L.C.</u>	<u>-058709a</u>

Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West

Line of Section 12 Township 18S Range 31E , NMPLA, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Taylor New Mexico Petroleum</u>	<u>523 Frank 18 31E 1984</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit N Sec. 12 Twp. 17 Rge. 31E Is gas actually connected? yes When _____

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some frac'v.	Diff. Rec'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

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.)	
<u>5-3-84</u>	<u>5-3-84 to 5-14-84</u>	<u>Down hole pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>11 days</u>	<u>12 #</u>	<u>12 #</u>	<u>No choke</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>3 bbls</u>	<u>3 bbls</u>	<u>none</u>	<u>none</u>

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

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.

Andrea W. Shank
(Signature)
Co-Owner
5/23/84 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 25 1984, 19____

BY Mark Walker

TITLE OIL AND 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 deviated 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 conditions.

