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OPERATOR	1
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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

I. OPERATOR

Operator: Corinne Grace

Address: P.O. Box 1418 Carlsbad, New Mexico 88220

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain): _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Go Po Go</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Unders. So. Carlsbad Morrow</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>North</u> Line of Section <u>25</u> Township <u>22S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3119 Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Transwestern Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1502 Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>Yes</u> <u>10-30-72</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>6-9-71</u>	Date Compl. Ready to Prod. <u>10-30-72</u>	Total Depth <u>12,968'</u>	P.B.T.D. <u>11,861'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3194 GR</u>	Name of Producing Formation <u>Lower Morrow</u>	Top Oil/Gas Pay <u>11,688</u>	Tubing Depth <u>11,678</u>					
Perforations <u>11,780-38 11,728-36 11,688-96 (4 SPF)</u>			Depth Casing Shoe <u>11,861</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT <u>150</u>					
<u>17 1/2</u>	<u>13 3/8</u>	<u>336</u>	<u>250 lb. wt. 100cl 1" c/c cement</u>					
<u>12 1/2</u>	<u>9 5/8</u>	<u>5250'</u>	<u>1600 sks pozmix 4" c/c</u>					
<u>8 1/2</u>	<u>4 1/2</u>	<u>12,050'</u>	<u>510 lb. wt. 400 exp. cem.</u>					
	<u>2 3/8</u>	<u>11,673'</u>						

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 <u>1362</u>	Length of Test <u>9 Hrs.</u>	Bbls. Condensate/MMCF <u>None</u>	Gravity of Condensate <u>Unknown</u>
Testing Method (pitot, back pr.) <u>Critical Flow Prover</u>	Tubing Pressure (shut-in) <u>2670</u>	Casing Pressure (shut-in)	Choke Size <u>11/64</u>

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.

David L. Haggerton
(Signature)
Secretary to Corinne and Michael Grace
(Title)
October 31, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 21 1972

BY W.A. Grasset

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 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