

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MICHAEL P. GRACE II dba GRACE ENERGY

Address P. O. Box 207, CARLSBAD, NEW MEXICO 88220

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

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner MICHAEL P. GRACE II AND CORINNE GRACE (CORINNE GRACE-OPR) P. O. BOX 1418, CARLSBAD, NEW MEXICO 88220

DESCRIPTION OF WELL AND LEASE

Lease Name <u>HUMBLE GRACE Com.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>SO. CARLSBAD STRAWN</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>L-1582</u>
Location Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>23S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Navajo Crude Oil Purch. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 175, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2521, Houston, Texas 79999</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>2</u> Twp. <u>23S</u> Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u> When <u>9/28/73</u>

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	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.O.			
Elevations (DF, RAB, RT, CR, 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

*Posted 10-3
1-13-84
Chg. DP*

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Janita A. Jones
(Signature)
Agent
(Title)
1/3/84
(Date)

OIL CONSERVATION DIVISION

JAN 11 1984

APPROVED _____, 19____
Original Signed By
BY Leslie A. Clements
Supervisor District II

TITLE _____

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 change of owner, well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multiple.