

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 2 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
O. C. D.
ARTESIA, OFFICE

VIKING PETROLEUM, INC.

Address 1050 17th Street, Suite 1950, Denver, Colorado 80265

Reason(s) for filing (Check proper box)

New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Grynberg 16 State	Well No. 2	Pool Name, including Formation Pecos Slope Abo Gas	Kind of Lease State, Federal or Fed	STATE	Lease No. LG-566-1
Location Unit Letter <u>N</u> : <u>660'</u> Feet From The <u>South</u> Line and <u>1980'</u> Feet From The <u>West</u>					
Line of Section <u>16</u> Township <u>T 5 S</u> Range <u>R 24 E</u> , N.M.P.M., <u>Chaves</u> County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	P.O. Box 159, Artesia, NM 88210
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)
<i>Transwest Pipeline Co.</i>	<i>Box 3521, Artesia, NM 88210</i>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>N</u> Sec. <u>16</u> Twp. <u>5S</u> Rge. <u>24E</u>	Yes 4/19/82

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
(X)								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
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		

III. 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 of hole for this depth or be for full 24 hours)

Date First Flow 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		Uplift. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-In)	Choke Size
Testing Method (Flow, back pr.)	Tubing Pressure (Shut-In)		

IV. 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.

MORRIS ETTINGER
AGENT

(Signature)

(Title)

5/21/82

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 4 1982
BY [Signature]
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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of name.
Separate Forms C-104 must be filed for each pool in new completed wells.