

OIL CONSERVATION DIVISION

P.O. BOX 2000
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-79
RECEIVED

JUN 2 1982

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

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 ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Grynberg 14 State "Com"	1	Pecos Slope Abo Gas	State, Federal or Fed	LG-0565
Location				
Unit Letter N : 660' Feet From The South Line and 1980' Feet From The West				
Line of Section 14 Township T 5 S Range R 24 E, NMPM, Chaves County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Chas. W. Peterson, Inc.	Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	14
	5S	24E
	is gas actually connected? When	
	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.
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			

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
able 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	Length of Test	Blow, Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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

JUN 4 1982

APPROVED

BY

OIL AND GAS INSPECTOR

TITLE

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 devt
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able 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 condi
Separate Forms C-104 must be filed for each pool in mul
compleated wells.