

OIL CONSERVATION DIVISION

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P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 9 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

EXPLORATION	7
PRODUCTION	1
TRANSPORTATION	1
OPERATION	1
REGISTRATION	1
SALES	1
OTHER	1

JACK GRYNBERG AND ASSOCIATES

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☒

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 Federal	1	Pecos Slope Abo Gas	State, Federal or Fed. FEDERAL	NM-11592
Location				
Unit Letter G	1980'	Feet From The North	Line and 1980'	Feet From The East
Line of Section 29	Township T 5 S	Range R 24 E	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)
Superior Pipeline Co.	Box 552, Grants, NM 87020
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit G, Sec. 29, Twp. 5S, Rge. 24E	Yes 5/4/82

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

III. 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, 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

IV. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL		Blow, Condensate/MCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-In)	Choke Size		
Testing Method (pump, back pr.)	Tubing Pressure (Shut-In)				

V. 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
EXPLORATION MANAGER

5/21/82

OIL CONSERVATION DIVISION

JUN 4 1982

APPROVED

BY

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 condition.

Separate Forms C-104 must be filed for each pool in multi-well completions.