

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

Form C-104
RECEIVED
JAN 3 1983
O. C. D.
ARTESIA DIST. OFFICE
ROSWELL, NEW MEXICO

REGISTRATION	☒
LAND OFFICE	☒
TRANSPORTATION	☒
OPERATION	☒
PRODUCTION OFFICE	☒

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JACK GRYNBERG AND ASSOCIATES

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

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐

Other (Please explain)

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O. C. D.
ARTESIA, OFFICE

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name GRYNBERG 17 FEDERAL COM	Well No. 1	Pool Name, including Formation Pecos Slope Abo Gas	Kind of Lease State, Federal or Free FEDERAL	Lease No. NM-17037
Location Unit Letter <u>J</u> : <u>1980'</u> Feet From The <u>South</u> Line and <u>1980'</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>T 6 S</u> Range <u>R 25 E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>17</u> Twp. <u>6S</u> Rge. <u>25E</u>	Is gas actually connected? <u>YES</u> when <u>7/22/82</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 Reservoir, Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RAB, 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

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 oil 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	Oil, Condensate/MCF	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.


NANCY STOLZLE
ASSISTANT LAND MANAGER
12/29/82
(Date)

OIL CONSERVATION DIVISION

JAN 0 6 1983

APPROVED _____, 12 _____
BY _____
Original Signed By
Leslie A. Clements
TITLE _____
Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of condition.
Separate Form C-104 must be filed for each pool in multi completed wells.