STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
JACK GRYNBERG AND ASSOCIATES /

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

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [X] 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.
HOBBS CANYON Fed.	1	Pecos Slope Abo Gas	State, Federal or Fee FEDERAL	NM-11795

Location
Unit Letter I : 1980' Feet From The South Line and 660' Feet From The East

Line of Section 12 Township T 6 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)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX] 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 / Sec. / Twp. / Rge.	Is gas actually connected? ~~No~~ Yes When ~~4/26/82~~ 6-28-82

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 Res'v.	Diff. Res'v.
		X	X					

Date Spudded 2/10/82	Date Compl. Ready to Prod. 3/21/82	Total Depth 4110'	P.B.T.D. 4061'
Elevations (DF, RKB, RT, GR, etc.) 4040'KB	Name of Producing Formation Abo	Top Oil/Gas Pay 3587'	Tubing Depth 3530'
Perforations 3587' - 3840'			Depth Casing Shoe 4061'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	920'	600 Sxs
7-7/8"	4-1/2"	4107'	1600 Sxs
4-1/2"	2-3/8"	3530'	NR

V. 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 allowable for this depth or be for full 24 hours)

OIL WELL

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 1,216.2 CAOF	Length of Test 4Hrs.	Bbls. Condensate/MMCF ----------	Gravity of Condensate ----------
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) 852#	Casing Pressure (Shut-in)	Choke Size 11/64" - 17/64"

VI. 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 (Signature)
EXPLORATION MANAGER (Title)
4/8/82 (Date)

OIL CONSERVATION DIVISION
APPROVED JUL 2 1982, 19
BY W. A. Gressett
SUPERVISOR, DISTRICT 4
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 changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple