STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

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

RECEIVED
JUN 4 1982
O. C. D.
ARTESIA, OFFICE

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)	Other (Please explain)
New Well [X]	Change in Transporter of:
Recompletion [ ]	Oil [ ] Dry Gas [X]
Change in Ownership [ ]	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.
HOBBS CANYON FEDERAL	4	Pecos Slope Abo Gas	State, Federal or Fee FEDERAL	NM-11795

Location
Unit Letter A : 660' Feet From The North Line and 660' Feet From The East
Line of Section 12 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)
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 ~~6/7/82~~ 7/23/82

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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/11/82	5/17/82	4041'	3740'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4118'GR	Abo	3673'	3685'
Perforations			**Depth Casing Shoe**
3673' – 3686' Abo			3740'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	10-3/4	852'	700 Sxs Cement
7-7/8	4-1/2	4040'	2100 Sxs Cement
4-1/2	2-3/8	3685'	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 1,926.7	4 Hrs.		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flowing	595		4/64 – 22/64

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)
5/24/82 (Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia 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 ow well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filed for each pool in mult completed wells.