

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-1-70

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY  
NOV 23 1983  
O. C. D.  
ARTESIA, OFFICE

I.

Operator JACK GRYNBERG AND ASSOCIATES ✓

Address 5000 South Quebec, Suite 500, Denver, Colorado 80237

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Other (Please explain)	
Recompletion	<input type="checkbox"/>		
Change in Ownership	<input type="checkbox"/>		

ADD Champion Transporter of:

Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input checked="" type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TROUT WELL FEDERAL</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Pecos Slope Abo Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-28489</u>
Location				
Unit Letter <u>0</u> ; <u>62.29'</u> Feet From The <u>South</u> Line and <u>1983.97'</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>T 5 S</u> Range <u>R 24 E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing Co.</u>	<u>P.O. Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Transwestern Pipeline Company</u>	<u>Box 2521, Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
<u>0 29 5S 24E</u>	<u>Yes 7/18/82</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>12/2/81</u>	Date Compl. Ready to Prod. <u>1/29/83</u>	Total Depth <u>4152'</u>	P.B.T.D. <u>4066'</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>4149' KB</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3664'</u>	Tubing Depth <u>3810'</u>					
Perforations <u>3664' - 3921'</u>			Depth Casing Shoe <u>4066'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>14-3/4</u>	<u>10-3/4</u>	<u>865'</u>	<u>400 Sxs</u>					
<u>7-7/8</u>	<u>4-1/2</u>	<u>4152'</u>	<u>1460 Sxs</u>					
<u>4-1/2</u>	<u>2-3/8</u>	<u>3810'</u>	<u>NR</u>					

V. 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 allowable 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 Production limitation factor of 0.41 as per R-6935 3/16/82

Actual Prod. Test - MCF/D <u>CAOF 3,522.1</u>	Length of Test <u>4 Hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, Back Flow)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Flowing</u>	<u>930</u>		<u>16/64 - 21.5/74</u>

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.

Chris Pennels  
CHRIS PENNELS  
DRILLING & PRODUCTION COORDINATOR  
(Title)

11/21/83

OIL CONSERVATION DIVISION

APPROVED NOV 28 1983  
BY Leslie A. Clements  
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