

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Breckenridge, Texas 6-8-59

(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Graridge Corporation (Company or Operator), McNutt State (Lease), Well No. 10, in NE 1/4 SW 1/4, Sec. 21, T. 18S, R. 28E, NMPM., Artesia Pool

Unit Letter Eddy, County Date Spudded 4-24-59, Date Drilling Completed 4-29-59, Elevation 3572' GL, Total Depth 2091 PBD, Top Oil/Gas Pay 2038, Name of Prod. Form. 1st Grayburg

Please indicate location:

D	G	B	A
E	F	G	H
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -
Perforations 2039-41; 2043-47; 2050-62; 2064-70'
Open Hole --, Depth Casing Shoe 2089, Depth Tubing 2035

OIL WELL TEST - Pumping
Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 36 bbls. oil, 12 bbls water in 24 hrs, -- min. Size

GAS WELL TEST -
Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	642.14	175
5 1/2"	2081.71	100

Method of Testing (pitot, back pressure, etc.):
Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Acidized with 750 gallons of 15% NE Halliburton Acid.
Casing Tubing Date first new Press. " Press. " oil run to tanks June 1, 1959

Oil Transporter Continental Pipe Line Company
Gas Transporter None

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved JUN 17 1959, 19

OIL CONSERVATION COMMISSION
By: M.L. Armstrong
Title: OIL AND GAS INSPECTOR

Graridge Corporation (Company or Operator)
By: Charles W. Smith (Signature)
Title: Production Clerk
Send Communications regarding well to:
Name: Graridge Corporation
Address: Box 752 - Breckenridge, Texas

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Garridge Corporation Lease McNutt State

Well No. 10 Unit Letter K S 21 T 18S R 28E Pool Artesia

County Eddy Kind of Lease (State, Fed. or Patented) 647

If well produces oil or condensate, give location of tanks: Unit Lact S T R

Authorized Transporter of Oil or Condensate Continental Pipe Line Company

Address 200 Carper Building - Artesia, New Mexico

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Not commercial

Reasons for Filing: (Please check proper box) New Well

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 15th day of June 19 59

By Charles W. Smith

Charles W. Smith
Production Clerk

Approved JUN 17 1959 19

OIL CONSERVATION COMMISSION

By M L Armstrong

Title OIL AND GAS INSPECTOR

Company Garridge Corporation

Address P. O. Box 752

Breckenridge, Texas

