

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

CONTRIBUTOR		
STATE		
FEDERAL		
U.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
Grace Petroleum Corporation
Address
P. O. Drawer 2358, Midland, Texas 79702
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter ☐
Re-completion ☐ Oil ☐ Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Other (Please explain)
If change of ownership give name and address of previous owner Cleary Petroleum Corporation, P. O. Drawer 2358, Midland, Tx. 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. (Post Office, if applicable)	Kind of Lease	Lease No.
No Pit Pete	1 Undesignated	State, Federal or Free State	E 9713
Location	Unit Letter A ; 510 Feet From The North 660 Feet From The East	Line of Section 11 Township 10-S Range 32-E , NMPM, Lea County	

III. 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)
None	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, give location of tanks.	Unit Ser. Twp. Range
	Is well actually connected? When

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	Workover	Deepen	Re-drill	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations
Perforations	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be of sufficient 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)

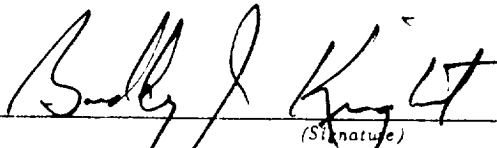
Date First New Oil Run To Tanks	Date of Test	Testing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Well Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	Choke Size

GAS WELL

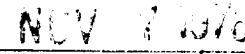
Actual Prod. Test - MCF/D	Length of Test	Grav. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Well Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief


(Signature)
District Production Manager
(Title)
10-25-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED  19
Orig. Signed by
Jerry Sexton
Dist 1, Supv.
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 from true 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, name or number, or transporter, or other such change of condition.

RECEIVED

OCT 24 1970

CL. 6-10-70
R. 10-11-70