

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

Form O-10
Replaces O-1, O-10, and O-11
1-1-69

NO. OF COPIES RECEIVED	
DATE	
STATE FILE	
U.S. FILE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. OWNER

Corinne Grace

Address

P. O. Box 1418 Carlsbad, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

Filed to request 1000 bbl. testing Allowable

If change of ownership give name and address of previous owner:

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
OP Santa	1	Cormak - San Andres	State, Federal or Fee State	X-5170

Location

Unit Letter: A ; 660 Feet From The North Line and 660 Feet From The East

Line of Section: 17 Township: 10 S Range: 33 E, NMPM, Lea County

3. 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)
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	17	10	33		

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

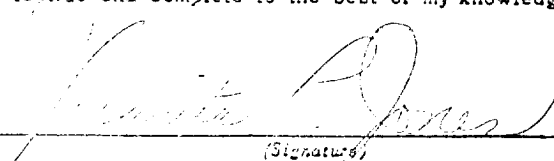
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (shut, back pr.)	Tubing Pressure (shut-in)	Casing 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)

Joe D. Ramey

(Title)

August 31, 1972

(Date)

OIL CONSERVATION COMMISSION

SEP 11 1972

APPROVED _____

BY Joe D. Ramey

TITLE Dist. I, Supv.

This form is to be filed in compliance with NMAC 19-1-1.

If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a copy of the production tests taken on the well in accordance with NMAC 19-1-1.

All sections of this form must be filled out for wells producing oil or gas.

Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter, or other such data of completion.

Separate Forms O-104 must be filed for each well.

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RECEIVED

SEP 10 1972

OIL CONSERVATION COMMISSION
MOBILE, AL. 36688