

NEW MEXICO OIL CONSERVATION COMMISSION
RETURN 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		
FED.		
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 Transportation ☐
In completion ☐ Oil ☐
Change In Ownership ☒ Castinhead Gas ☐
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.	Section	Kind of Lease	Lease No.
Sinclair State Com.	1	Bar U Penn, Bough "C"	State, Federal or Fed. State	OG-5201
Location	Unit Letter	Feet From The	Feet From The	
	D	660 North	660 West	
Line of Section	Township	Range	County	
12	9-S	32-E	Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate	Name of Authorized Transporter of Castinhead Gas ☒ or Liquid	Have address to which approval copy of this form is to be sent		
Mobil Oil Corp.	Cities Service Oil Company	P. O. Box 900, Dallas, Texas 75221		
If well produces oil or liquids, give location of tanks.	Unit	Section	Range	County
	D	12	9-S	32-E
Is well connected?	Yes	6-69		

If this production is commingled with that from any other lease, give commingling order numbers:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Workover	Deepen	Core Rest.	Inf. Rest.
Date Spudded	Date Compl. Ready to Prod.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Depth	Length			
Perforations						
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

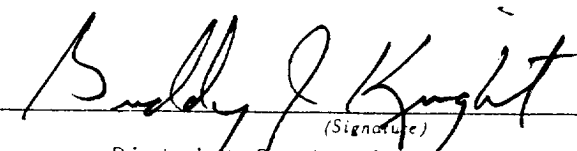
Date First New Oil Run To Tanks	Date of Test	Test name and type of total volume of load oil and gas to be equal to or exceed top allowable for this well for full 24 hours	
Length of Test	Tubing Pressure	Flow rate	Pressure (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Oil-Bbls.	Gas-Bbls.	Water-Bbls.

GAS WELL

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

RECEIVED NOV 7 1968
Orig. Signed by
Jerry Sexton
Dist. 1, Supv.

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 the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable for new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.