

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

DISTRIBUTION		
DATE		
TIME		
G.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 ☐
Recompletion ☐ Oil ☐
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 Thornton State	Well No. 1	Field Name North Mescalero Cisco	Kind of Lease State, Federal or Fed. State	Lease No. L 2802
Location Unit Letter 0, 1980 Feet From The East 330 Feet From The South Line of Section 3 Township 10-S Range 32-E, NMCM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate Basin, Inc.	(Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas Warren Petroleum Company	(Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 3	Twp. 10-S, 32-E	Is it connected? No

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	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Casing Depth		P.S.T.W.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Casing Gas Pay		Footing 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 OIL WELL

(Test must be of the capacity of total volume of load oil and must be equal to or exceed top allowable for this depth up to the full 24 hours)

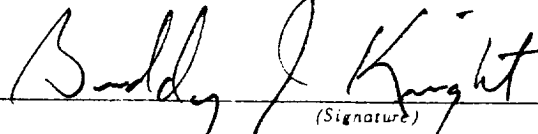
Date First New Oil Run To Tanks	Date of Test	Testing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Gas-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Wellhead Pressure/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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

NOV 7 1978

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 taken on the well in accordance with RULE 1111.

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.