Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Operator

MINIC OF THEM INCUIDE Ene , Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Grover-McKinney Oil Co	ompany				····			<u>-025–309</u>	27			
Address DO Port 2666 Md 11 and	m	70700										
PO Box 3666, Midland, Reason(s) for Filing (Check proper box)	Texas	79702			Othe	- (Diagra anni)	.:_1					
New Well		Change in	Transport	e of:		t (Please expla	un)					
Recompletion	Oil		Dry Gas									
Change in Operator	Casinghea		Condensa									
If change of operator give name	Casingina		COLOCUSE						· · ·			
and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No.	Pool Nan	ne, Includir	g Formation	······	Kind o	of Lease	ما	ase No.		
Wild Turkey								Federal or Fee				
Location		<u> </u>	1	010000	, Last	Devonia						
Unit LetterA	: 48	10	Feet From	n The No	rth_Line	and 3	30Fe	et From The	East	Line		
			. Tea Tion	11 1116 _435	ZI CII LIUC	4DU	10 re	et Flom The		Line		
Section 25 Township	, 9 So	uth	Range	36 Eas	t , NM	IPM, Lea	a			County		
III. DESIGNATION OF TRAN	SPORTE			NATUI								
Name of Authorized Transporter of Oil Pride Pipeline Company	X	or Conden	sate	-		address to wh				ns)		
						2436, Al						
Name of Authorized Transporter of Casing	ghead Gas		or Dry G	25	Address (Give	address to wh	ich approved	copy of this f	orm is to be se	nt)		
	1	r <u></u>	1				<u> </u>					
If well produces oil or liquids, give location of tanks.	Unit I A	Sec. 25	Twp.	Rge.	Is gas actually	connected?	When	7				
			98	36E	No							
If this production is commingled with that IV. COMPLETION DATA	irom any ou	ner lease or	pool, give	commingi	ng omer numb	er:						
IV. COMILETION DATA		Oil Well	Co	s Well	New Well	Workover	1 5	l Di. D. i	10 0 1	bian i		
Designate Type of Completion	- (X)	1 on wen	04	8 44 611		W OIKOVEL	Deepen	l Ling Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	L	1		
					•			1.5.1.5.				
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	ormation		Top Oil/Gas Pay			Tubing Den	Tubing Depth				
, and the second												
Perforations								Depth Casin	g Shoe			
								}				
	•	TUBING,	CASIN	G AND	CEMENTIN	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
	 	- .						ļ				
	 							1				
V. TEST DATA AND REQUES	T FOR	ALLOW	A DI E			·						
-				l ande	ha amundan an				C C !! Q (!	. •		
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		oj toda ou	ana musi		thod (Flow, pu			jor juli 24 nou	75.)		
	Date of 16	- 04			1 roducing ivic	aioa (r iow, pi	unip, gas iyi, e	#C. <i>j</i>				
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size			
-	Tuoing Pressure				Casing 110000							
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
		•										
GAS WELL					l					·		
Actual Prod. Test - MCF/D	Length of	Tes			Bbls, Conden	ente A A A ACE		16	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
TOOL TOOL THEOLID	ugui Vi	1 vol			Dois. CORGED	PERCHANACL.		Gravity of	Condensale			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
		•	•			(0.1.2.12)		GIORO DIZO				
VI. OPERATOR CERTIFIC	ATEO	E COM	OT TABLE	CP.	1			_1				
				CE	\parallel	OIL CON	JSFRV	ATION	DIVISIO	MC		
I hereby certify that the rules and regul Division have been complied with and						001			2171010	~17		
is true and complete to the best of my					D-1-	Ann	.al		أوامل الدر	الحالي الحالي		
Q · Q ·	_				Date	Approve	<u> </u>					
TOUSIA Dum	(111				_							
Signature				,	By_	CRIGINA	AMADALAN B	WAF THE	-XTON -			
Lissa Bizzell Printed Name		A	gent		11				-			
November 19, 1991		915/68	Title 3_4215		Title	· · · · · · · · · · · · · · · · · · ·						
Date			ephone No									
					11							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

	•					UTHURIZ					
	Ţ	U TRAN	ISP(JHT OIL	AND NAT	URAL GA		PI No			
perator	0.1.0					Well API No. 30-025-30927					
Grover-McKinney Oi	L Company	,		<u></u>			30-	·u25-309	121		
Address D. O. Daniel 2666 Middle	m	. 7070	2								
P O Box 3666, Midla	ınd, Texa	s /9/0				r (Please expla	in)				
Reason(s) for Filing (Check proper box)	,	Change in Tr	lanea-	rter of		. 1. rewe expidi	-7				
New Well Recompletion	Oil	nange in in	-								
Change in Operator	Casinghead		londen Conden	,							
change of operator give name											
change of operator give name ad address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No. F	Pool N	ame, Includir	ng Formation			f Lease		ase No.	
Wild Turkey				Tarried Intercenting Commencer				Federal or Fe	<u>e</u>		
Location	L										
Unit Letter A	:48	30 r	Feet Fi	rom The _N	orth Line	and <u>330</u>	Fe	at From The	East	Line	
Section 25 Towns	nip 9 Sout	th 1	Range	36 Ea	st .N	ирм, L	ea			County	
Section 25 Towns	טטט כ עוו	- 11	-enke	<u></u>	<u> </u>						
II. DESIGNATION OF TRA	NSPORTER	OF OII	LAN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condens			Address (Giv	e address to wh	iich approved	copy of this f	form is to be se	ent)	
Sun Refining & Marketing Company					2415 E Highway 80, Midland TX 79701						
Name of Authorized Transporter of Casinghead Gas or Dry G					Address (Giv	e address to wh	iich approved	copy of this f	form is to be se	ent)	
·											
If well produces oil or liquids,	Unit		Twp.	•	is gas actuali	y connected?	When	7			
give location of tanks.	A	25	<u>98</u>	36E	No.		l				
f this production is commingled with the	at from any other	er lease or p	ool, gi	ve commingl	ing order num	ber:					
V. COMPLETION DATA							· · · · · · · · ·		12 -	h	
Designate Type of Completio	n - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compi. Ready to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	matio	n	Top Oil/Gas	Pay		Tubing Dep	p th		
								<u> </u>	- CL		
Perforations								Depth Casi	ng Shoe		
								1			
		TUBING, CASING AND							CACKO OFFICIAL		
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
											
					 						
								-			
THE PROPERTY AND PROPERTY.	ECT FOR	1100	DI I		<u></u>						
V. TEST DATA AND REQU OIL WELL (Test must be after	EST FUK A	LLUW A	MDLI Mari	ts doil and were	t he equal to a	r exceed ton all	lowable for th	is depth or b	e for full 24 hos	urs.)	
			uj toad	ı vu ana mus	Producing N	lethod (Flow, p	ump, gas lift.	elc.)	, ,		
Date First New Oil Run To Tank	Date of Te	84			1 Total old I	, , , , , , , , , , , , , , , , ,	7,0-2,71	•			
Levelle of Tore	Tubing De				Casing Pres	aure		Choke Siz	e		
Length of Test	Tubing Pressure										
Agual Bood During Test	Oil - Bbls.	Oil Phie				Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Buis.										
					1		<u> </u>				
GAS WELL		Tr			Dhie Cand	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				HORE ITHICL		GIATRY OF CONGCUSARCE			
	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	lubing Pressure (Snul-in)			Casing 1 resource (orthority)							
					-\			_1			
VI. OPERATOR CERTIF					-	OIL CO	NSERV	/ATION	DIVISIO	ON	
I hereby certify that the rules and re	egulations of the	Oil Conser	vation	l				CED	1 0 1001	Ī	
Division have been complied with a is true and complete to the best of	and that the info	ormation giv and belief	en abo	ove		_ •		3EP	131991	1	
is true and complete to the best of	iny knowledge a	uru veliel.			Dat	e Approvi	ed			. <u></u>	
Mand Late	wic							net. St.	. a.d. 1		
- Corcustors	ruco				By.			Paul Ka	ed by		
Signeture Carol Robbins		A	lgen	t				Geolog	ist		
Printed Name			Title		Title	9					
September 11,	1991	915/	683	-4215							
Date		Tele	ephone	e No.	H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- A) Sanarata Form C.104 must be filed for each pool in multiply completed wells.