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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-05-90
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

Operator Grover-McKinney Oil Company		Well API No. 30-025-30927
Address PO Box 3666, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Test allowable 3000 BO October	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>		

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wild Turkey	Well No. 1	Pool Name, including Formation Crossroads, East (Devonian)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter A : 480 Feet From The North Line and 330 Feet From The East Line Section 25 Township 9 South Range 36 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation SCHROCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 A	Sec. 25	Twp. 9S	Rge. 36E	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-2-90	Date Compl. Ready to Prod. 10-15-90		Total Depth 12,188		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4006.4 GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 12172		Tubing Depth 12,138			
Perforations 12,172,73,74 - OH (12,183-88)					Depth Casing Shoe 12,183			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8" 51 1/2 #		401'		420 sx Class C			
11"	8 5/8" 32 #		4395'		1490 sx Class C			
7 7/8"	5 1/2" 17 #		12183'		250 sx Class H			
N/A	2 7/8" tbg		12138'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 10-05-90	Date of Test 10-17-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 363 psi	Casing Pressure 0	Choke Size 9/64"
Actual Prod. During Test 233 oil	Oil - Bbls. 233	Water - Bbls. none	Gas- MCF 135 (est.)

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Lissa Bizzell Agent
Printed Name Lissa Bizzell Title
Date 10-18-90 Telephone No. 915/683-4215

OIL CONSERVATION DIVISION

Date Approved OCT 22 1990

By Drig. Sig

Title Paul Ka. Geologist

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCT 22 1990

OOD
HOBBS OFFICE