

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:		
STATE		
FEDERAL		
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 of: Oil Gas
 Incompletion Casinghead Gas Other (Please explain) _____
 Change in Ownership

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 <u>John Galt Disposal</u>	Well No. <u>1</u>	Pool Name, If any <u>Undesignated</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>---</u>
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> ; <u>660</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>8-S</u> Range <u>36-E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	<u>None</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>None</u>	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	Serial

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> Re-work	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Well Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Perforation Depth	Testing 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

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	Well Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Buddy J. Knight
 (Signature)
 District Production Manager
 (Title)
 10-25-78
 (Date)

OIL CONSERVATION COMMISSION
NOV 7 1978
 APPROVED _____

 Orig. Signed By **Jerry Sexton**

 TITLE **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 taken on the well in accordance with RULE 111.
 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.

RECEIVED

OCT 24 1978

CH. 6
FEDERAL COMM.
F. B. I., N. M.