

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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-110
Effective 1-1-65

I. Operator
Jack F. Grimm
Address
P. O. Box 35 Abilene, Texas 79604
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please specify): **CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/1/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner: _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR
NO.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 21	Well No. 1	Pool Name, including Formation Vest Ranch Queen R-4377	Kind of Lease Federal State, Federal or Fee	Lease No. 0343765A
Location Unit Letter 0 : 330 Feet From The South Line and 2310 Feet From The East Line of Section 21 Township T. 14S Range R. 30E , NMPM, Chaves 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"/> Scurlock	Address (Give address to which approved copy of this form is to be sent.) 412 Bldg of the Southwest, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 0	Sec. 21	Twp. 14S	Rge. 30E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 5/19/72	Date Compl. Ready to Prod. 6/28/72	Total Depth 2150		P.B.T.D. 2135					
Elevations (DF, RKB, RT, GR, etc.) 3078 DF	Name of Producing Formation Queen	Top Oil/Gas Pay 2099		Tubing Depth					
Perforations 2107-2110 2119-2124		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11		8 5/8		450		75			
8		5 1/2		2150		100			

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 Tanks 6/28/72	Date of Test 6/27/72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 240	Casing Pressure 480	Choke Size 8/64
Actual Prod. During Test 84	Oil-Bbls. 84	Water-Bbls. 8	Gas-MCF 154

GAS WELL

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


Agent
(Title)
June 30, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 10 1972**
BY **John Runyan**
TITLE **Geologist**

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 tests 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, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each well in compliance with RULE 1104.

JUL 11 1972

RECEIVED

JUL 7 1972

OIL CONSERVATION COMM.
HONOLULU, HI