

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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SANTA FE			
FILE			
U.S.U.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PROMOTION OFFICE			
TELEPHONE			

Address

Sunwest Centre, Suite 919, Roswell, NM 88201

Reason(s) For Filing (Check proper box)

Other (Please explain)

New Well	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE.

Lease Name Graves	Well No. 5	Pool Name, including Formation Cato-San Andres	State, Federal or Fee Fee
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>6</u> T. wnship <u>8S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ☐ or Condensate ☐

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159 Artesia, NM 88210
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P. O. Drawer 159, Artesia, NM 88210

Navajo Refining Company
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

P. O. Drawer 159, Artesia, NM 88210
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	Sec.	Twp.	Rge.
	J	6	8S	31E

Is gas actually connected?	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

TEST DATA AND REQUEST FOR OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Lible.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL.

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

OIL CONSERVATION DIVISION

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.

Engineer

(Table)

2/22/85

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 27 1985, 12

BY _____ ~~ORIGINAL SIGNED BY JERRY SEXTON~~
DISTRICT 1 SUPERVISOR

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 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 pool in multiple completed wells.

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