SIST HIBUTION

NEW MEXICO OIL CONSERVATION COMMI 'n REQUEST FOR ALLOWABLE

Form C+104 Supersedes Old C-104 and C-11

G.S. D OFFICE TRANSPORTER GAS OPERATOR PROPATION OFFICE	A	UTHORIZ		AND TRANSPOR			AL GAS	Supersedes Effective 1	Old C-104 and (-1-65	
Grace Petroleum	Corporatio	on		the second			· · · · · · · · · · · · · · · · · · ·			
P. O. Drawer 235	8 Midland		70702	the state of the same of						
Reason(s) for filing (Check prop	er oux;			·	Other (Plea	ase explain)				
Change in Transporter of: Change in Ownership X Casinghead Gas				Dry Hole. Surface restoration currently in progress.						
If change of ownership give no and address of previous owner				the state of the second second						
II change of ownership give no and address of previous owner II. DESCRIPTION OF WELL A	IND I DAGE	1001016	enii coth(oration,	P. O. Dr	rawer 23	158, Mid	land, Tx.	79702	
Thelma Crosby "22"	Well		lame, Instant.	3 i Machini		Kind of L	ease			
Location			ldcat			State, Fe	deral or Fee		Lease No.	
Unit Letter	660 Feet	From The_	South	1.150	560	Feet Fr	om The	West		
Line of Section 22	Township	7 - S	Range	30 - E	, NMP	м,	Chave			
II. DESIGNATION OF TRANSF	ORTER OF C								County	
None		or Conder.sat	te	Alaress /	Give address	to which ap	proved copy o	of this form is	to be sent)	
Name of Authorized Transporter o	f Casinghead Gas	s or E	bry Gas []	the contract	Give address	to which ap	proved copy :	of this form is	to be seed	
If well produces oil or liquids.	Unit	Sec. Try	vr. Bge.		ually connect				to be sent)	
give location of tanks.		!	:				When			
If this production is commingled V. COMPLETION DATA	with that from		lease or poo	i, _k ive asmm	ingling orde	r number:				
Designate Type of Compl	etion = (X)	Oil Well	Gas Well	Tito Well	Workover	Deepen	Plug Bac	ck Same Res	'v. Diff. Res'v.	
Date Spudded	Date Compl	l. Ready to F	Prod.	Late Dept	h	1		1	1	
Elevations (DF, RKB, RT, GR, etc	Name of Pr	oducing Form					P.B.T.D.			
Perforations		odderng i on	intion	Pup Ct. 70	os Pay		Tubing D	epth		
Terrorations				e alle en accorde a manage			Depth Ca	ising Shoe		
		TUBING,	CASING, AR	DCHMENTI	NG RECORI	<u> </u>			-	
HOLE SIZE	CASIN	IG & TUBII	NG SIZE		DEPTH SE			SACKS CEMI	ENT	
. TEST DATA AND REQUEST OIL WELL	FOR ALLOW	ABLE (7	'est must be i	January ,	of total volum	a of land all			ceed top allow-	
Date First New Oil Run To Tanks	Date of Test		ble for this Je	with or be for i	uil 24 hours)	0) 1044 611	and must be	equal to or ex	ceed top allow-	
Length of Test	Tubing Press			!		pump, gas i	ifi, eso.)			
	rubing Piess	. abiiid Liegeme			Cashay Pressure			Choke Size		
Actual Prod. During Test	Oil-Bbla,			osto, - Ebla.			Ges-MCF			
CAGINE										
GAS WELL Actual Prod. Test-MCF/D	Length of Tes									
Testing Method (pitot, back pr.)				Bris. Condar	tecte/MMCF		Gravity of	Condensate		
	Tubing Pressu	we (Shut-1	n)	Castry Press	uro (Shut-i	n)	Choke Size			
CERTIFICATE OF COMPLIAN	CE		1		OIL CO	NSERVA	TION CON	MACCION		
I hereby certify that the rules and Commission have been complied	regulations of	the Oil Cor	OM Prvatian	APPROVE	NOV	1 7 15	173			
Commission have been complied above is true and complete to the	with and that to best of my k	the informa- nowledge a	vion given ind belief.	UY		Orig. Si	gned by	, 19		
((M))				TIME Dist 1, Supt						
1 3.11.1 / 6.11				This form is to be filed in compliance with RULE 1104.						
(Signo	sture)			If this	is a request	for willows	him for a ma			
District Production Manager				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 ionia taken on the well in accordance with RULE [11].						
(Title) 10-25-78				All sections of this form must be filled out completely for allow- chie on new and recompleted wells.						
(Da.				Fill out name o	t only Sect r number, or	ions I, II, transporter	III, and VI for other au	for changes ich change of	of owner, condition.	