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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

REQUEST FOR ALLOWABLE
AND

HOBBS OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 20 3 13 PM '67

I.

Operator Cerinne Grace	
Address c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Charge in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ranger Lake	Well No. 3	Pool Name, Including Formation Wildcat San Andres	Kind of Lease R-3205	Lease No. K-3909
Location				
Unit Letter N ; 557 Feet From The South Line and 1917 Feet From The West				
Line of Section 11 Township 12 S Range 34 E , 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"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Building, 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 N	Sec. 11	Twp. 12S	Rge. 34E	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 12/20/66	Date Compl. Ready to Prod. 1/17/67		Total Depth 5315		P.B.T.D. 5269			
Elevations (DF, RKB, RT, GR, etc.) 4167 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 4833		Tubing Depth 4944			
Perforations 4833, 4843, 4849, 4958, 4864, 4868					Depth Casing Shoe 5315			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		378		230			
7 7/8	4 1/2		5315		1000			
	2 3/8		4944					

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)

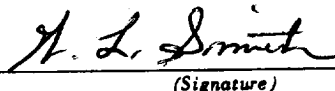
Date First New Oil Run To Tanks 1/17/67	Date of Test 1/19-20/67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 154	Casing Pressure 154	Choke Size Open
Actual Prod. During Test 69 bbls fluid	Oil-Bbls. 54	Water-Bbls. 15	Gas-MCF TSTM

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.



(Signature)

Agent

(Title)

January 20, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 23 1967**, 19
BY **ORIGINAL & THREE COPIES**
SIGNED BY ERIC F. ENGBRECHT
ENGINEER DISTRICT No. 1

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 multiply completed wells.