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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator V-F PETROLEUM INC.	Well API No. 30-025-27538
Address ONE MARIENFELD PLACE, STE 580 MIDLAND, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name GRAHAM	Well No. 1	Pool Name, Including Formation UNDESIGNATED ATOKA 96221	Kind of Lease State, Federal or Fee	Lease No. 18936
Location Unit Letter L : 2310 Feet From The SOUTH Line and 430 Feet From The WEST Line Section 9 Township 15S Range 36E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
LANTERN PETROLEUM CORP.	P.O. BOX 2281 MIDLAND, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
WARREN PETROLEUM	P.O. BOX 1589 TULSA, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 9	Twp. 15S	Rge. 36E	Is gas actually connected? YES	When? 3/12/82

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 Res'v	Diff Res'v
		X				X		X
Date Spudded 9/13/81	Date Compl. Ready to Prod. 7/20/93	Total Depth 13,635'	P.B.T.D. 12,981'					
Elevations (DF, RKB, RT, GR, etc.) 3942 RKB	Name of Producing Formation ATOKA	Top Oil/Gas Pay 11,893'	Tubing Depth 12,100'					
Perforations 11,893' - 11,965'			Depth Casing Shoe -----					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	12 3/4	401	475 sx					
11	8 5/8	4706	1650 sx					
7 7/8	5 1/2	13,548	1850 sx					

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 275.3	Length of Test 4	Bbls. Condensate/MMCF .5	Gravity of Condensate 61.1
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 2292	Casing Pressure (Shut-in) -----	Choke Size VARIOUS

VI. OPERATOR 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.

Signature
KENNETH E. STULL GEOLOGIST ENG. TECH.
Printed Name Title
2/25/94 915/683-3344
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 01 1994

Date Approved

By

Title

Orig. Signed by
Paul Rantz
Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.