

DISTRIBUTION		
ANTA FE		
ILE		
I.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	V-F Petroleum Inc.		
Address	One Marienfeld Place, Suite 580, Midland, TX 79702		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	RECEIVED GAS MUST NOT BE	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	FILED 2/11/82	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070	
	Dry Gas <input type="checkbox"/>	IS OBTAINED.	
	Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Graham	1	Caudill-Devonian	State, Federal or Fee Fee	new
Location				
Unit Letter	L	2310 Feet From The	south	Line and 430 Feet From The west
Line of Section	9	Township	15-S	Range 36-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"/>	Address (Give address to which approved copy of this form is to be sent)					
Lantern Petroleum Corporation	P. O. Box 2281, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Is gas actually connected?	When
	L	9	15-S	36-E	No.	

If this production is commingled with that from any other lease or pool, give commingling order number: NA

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-13-81	11-25-81		13,635'		13,635'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3919.3'GR, 3942'KB	Devonian		13,548'		13,622'			
Perforations					Depth Casing Shoe			
none					13,548'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	12 3/4", 38#		401'		475sx Class C			
11"	8 5/8", 24# & 32#		4706'		1450sx Howco lite, 200sx Class C			
7 7/8"	5 1/2", 17# & 20#		13,548'		1850sx Class H, 50-50 Poz, 2% gel,			
5 1/2"	2 3/8"		13,622'		10#slt/sk			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-27-81	11-29-81	Flow	
Length of Test			
24 hrs.	950	pkf	8/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
195	195	0	24.4

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.

*V-F Unicez*

Pres. & P.E.

(Signature)

(Title)

12-2-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Orig. Signed By

Jerry Sexton

TITLE Dist. 1, Supr.

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 multiple