

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

Grand Banks Energy Company

Address Suite 302, Paragon Tower, 600 N. Marienfeld, Midland, Texas 79701-4608

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE  
PLACED UNDER  
UNIT IN CONNECTION TO RAMP  
IS OBSERVED**

If change of ownership give name and address of previous owner Marc Drilling, Inc. P. O. Box 1888, Hobbs, New Mexico 88240

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR

7-1-82

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rhodes-State	1	EK Queen	State, Federal or Fee	L-6309
Location				
Unit Letter	M	660 Feet From The South	Line and 660	Feet From The West
Line of Section	9	Township	18-S	Range 34-E, NMPM, Lea County

## 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)
JM Petroleum Corporation	Lock Box 319, 2000 N. Tower, Plaza of the Americas
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)
	Dallas, Texas 75201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
M 9 18-S 34-E	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-27-81	8-27-81	4482'	4405'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4067.3 DF	Queen Sand	4387	4358'					
Perforations			Depth Casing Shoe					
4387-4415 (12 holes)			4482'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8	393	275 sx.
7 7/8	4 1/2	4482	1000 sx.
	2 3/8	4389	

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)

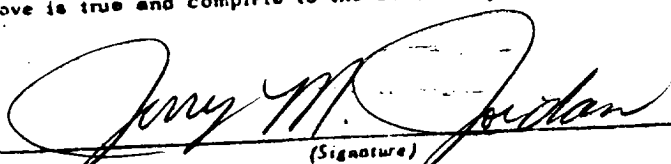
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-27-81	8-27-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
15 BO, 9 BW	15	9	TSTM

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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.



Vice President - Drilling &amp; Production

(Title)

2-1-82

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 2 - 1982, 19

BY ORIGINAL SIGNED BY

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 multiply completed wells.