

DISTRIBUTION	
AMOUNT	
DATE	
FILE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-
Effective 1-1-65

I.

Operator GRACE PETROLEUM CORPORATION	
Address P.O. Box 2358, Midland, Texas 79702	
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"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain) Add Condensate Transporter	

If change of ownership give name
and address of previous owner

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

R-7158 (1-1-83)

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Tonto "A" Fed. Com.	Well No. 1-Y	Pool Name, Including Formation Undesignated E. Lusk Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 14790
Location				
Unit Letter L	2450	Feet From The South	Line and 660'	Feet From The West
Line of Section 25	Township 19-S	Range 32-E	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)
Western Crude Oil, Inc.	P.O. Box 1142, Midland, Texas 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)
Southern Union Gathering Company	First International Bldg., Dallas, Tex 75270
If well produces oil or liquids, give location of tanks.	Unit Sect. Town. Range. Is gas actually connected? When
L 25 19-S 32-E	Yes 7-7-82

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1-25-82	Date Compl. Ready to Prod. 6-17-82	Total Depth 13850	P.B.T.D. 13654'					
Elevations (DF, RKB, RT, GR, etc.) 3587.6 GR, 3604.4 KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 13454	Taking Depth 13360'					
Perforations 13454'-13460'; 13531'-13535'; & 13646'- 13650'			Depth Casing Shoe 13835					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	478'	600 SX					
12-1/4"	8-5/8"	4938'; DV Tool @ 3024'	1st stage 545 sx. 2nd					
			1590 sx, 3rd stage 1525					
7-7/8"	5-1/2"	13,835'	1st stage 1550 sx, 2nd					
			250 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) 2-3/8" Tbg. set @ 13360

Date First New Oil Run To Tanks	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 1,900	Length of Test 24	Bbls. Condensate/MMCF 2	Gravity of Condensate 53.7
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1300	Casing Pressure (shut-in) Pkr.	Choke Size 16/64"

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.

Douglas W. Rice Douglas W. Rice
(Signature)
Assistant District Production Manager
(Title)
7-8-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 12 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.

RECEIVED

JUL 9 1982

WORKS OFFICE