

DISTRICT II
P.O. Drawer DD, Aztec, NM 88510

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Pecos Blvd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Grand Production Company	Well API No. 30-025-30912
Address 1001 N.W. 63rd Street, Suite 305, Oklahoma City, OK 73116	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> Notification of Purchasers	
If change of operator, give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp "10"	Well No. 1	Pool Name, Including Formation Shipp Strawn Pool	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>P</u> : <u>660'</u> Feet From The <u>South</u> Line and <u>510'</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>17S</u> Range <u>37E</u> , 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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) 1801 West Texas, Suite 201, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 <u>Natl gas</u>	Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Office Building, Bartlesville, OK 74002					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 10	Twp. 17S	Rge. 37E	Is gas actually connected? yes	When? 05/20/91

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 02/10/91	Date Compl. Ready to Prod. 05/20/91	Total Depth 11,749	P.B.T.D. 11,703					
Elevations (DF, RKB, RT, GR, etc.) 3559.5/3760.5/3745.5	Name of Producing Formation Strawn	Top Oil/Gas Pay	Tubing Depth					
Perforations 11,354 - 11,454			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17	12 3/4	397	475 sx					
11 3/4	8 5/8	4,400	1900 sx					
7 7/8	5 1/2	11,749	1900 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 05/20/91	Date of Test 05/24/91	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 1225	Casing Pressure Pkr.	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 401	Water - Bbls. 0	Gas - MCF 489

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

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 Leslie Belinski
Printed Name Leslie Belinski, Vice President of Operations
Date 05/28/91 Telephone No. (405) 848-1212

OIL CONSERVATION DIVISION

MAY 30 1991

Date Approved _____
By Paul Kautz
Title 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.

RECEIVED

MAY 29 1991

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HOBBS OFFICE