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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Grand Production Company</u>		Well API No. <u>30-DZ5-31033</u>
Address <u>1001 N.W. 63rd St. Suite 305, Oklahoma City, Oklahoma 73116</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 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 <u>Midway "5"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Shipp Strawn</u>	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location				
Unit Letter <u>0</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line				
Section <u>5</u> Township <u>17-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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)					
<u>Navajo Refining Co.</u>	<u>P.O. Drawer 159, Artesia, New Mexico 88211-0159</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips 66 Natural Gas Co.</u>	<u>4001 Pembroke, Odessa, Texas 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>0</u>	<u>5</u>	<u>17-S</u>	<u>37-E</u>	<u>No</u>	

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
	<input checked="" type="checkbox"/>							
Date Spudded <u>10-14-90</u>	Date Compl. Ready to Prod. <u>12-24-90</u>		Total Depth <u>11,075'</u>		P.B.T.D. <u>11,055'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3789.6 GR.</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay <u>10,825'</u>		Tubing Depth <u>10,785'</u>			
Perforations <u>10,825'-10,920'</u>					Depth Casing Shoe <u>11,075'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>410'</u>		<u>425 sk 6 1/2"</u>			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>4483'</u>		<u>1910 sk 6 1/2", 250 sk 6 1/2"</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>11,075'</u>		<u>350 sk 6 1/2"</u>			
<u>5 1/2"</u>	<u>2 7/8"</u>		<u>10,785'</u>					

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 <u>12-23-90</u>	Date of Test <u>1-6-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>75 #</u>	Casing Pressure <u>0 (PKE)</u>	Choke Size <u>24/64</u>
Actual Prod. During Test <u>298</u>	Oil - Bbls. <u>298</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>315</u>

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.

James E. Yeley
Signature
James E. Yeley
Printed Name
1-9-91
Date
915-682-8217
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 11 1991
By [Signature]
Title [Signature]

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.