DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO 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. Drawer 2358, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well [X] Re-Entry

Recompletion [ ]

Change in Ownership [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): See Correction

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Whitten Federal	1	~~Undesignated~~ Lea Lenn	State, Federal or Fee Federal	NM-29707

Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East

Line of Section 14 Township 20-S Range 34-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Western Crude Oil, Inc.

Address (Give address to which approved copy of this form is to be sent): P. O. Box 5568, Denver, Colorado 80217

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: Natural Gas Pipeline Company of America

Address (Give address to which approved copy of this form is to be sent): P. O. Box 236, Midland, Texas 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	14	20-S	34-E	Yes	9-4-79

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
		X			X			X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Re-Entry 1-25-79	6-7-79	14495'	14053'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3649' GR, 3671' KB	Morrow	12972'	12790'
Perforations 12972-12984', 13013-13023', 13071', 13174-13183', 13190-13208' (Total 50' - 54 holes)			**Depth Casing Shoe** 14169'

* 13 3/8" csg set & cmt in 9-63 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
* 17½"	13 3/8"	845'	575 sx (circ)
12¼"	9 5/8"	5063' (DV tool set @ 3423')	1st-900 sx; 2nd-3100 sx
8½"	7"	14169'	470 sx
---	2 7/8"	12790'	---

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3980 MCF	24 hrs	37.9 bbls	54.0
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Orifice Meter	1600 psig	Packer	21/64"

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
(Signature)

Assistant District Production Manager
(Title)

9-7-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 10 1979, 19 _____

BY Jerry Sexton

TITLE SUPERVISOR DISTRICT I

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.