

DISTRIBUTION		
STATE		
FEDERAL		
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-11
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 ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Other (Please explain)
Change in Ownership ☒

If change of ownership give name and address of previous owner
Cleary Petroleum Corporation, P. O. Drawer 2358, Midland, Tx. 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. M. "SL" State Com.	Well No. 1	Pool Name, including location Salt Lake South (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. L-6725
Location Unit Letter N ; 1980 Feet From The West Line and 990 Feet From The South Line of Section 32 Township 20-S Range 33-E , NMFM, 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"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Co. of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Tx. 75270					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 32	Twp. 20-S	Range 33-E	Is it actually connected? Yes	When June 5, 1974

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'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Final Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Exp. Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be for 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)

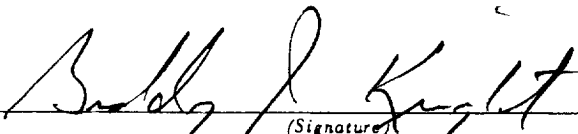
Date First New Oil Run To Tanks	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Actual Gas	Gas-MCF

GAS WELL

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

I. 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.


(Signature)
District Production Manager
(Title)
10-25-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 7 1978**, 19
BY **Orig. Signed by Jerry Sexton**
TITLE **Dist L. Supv.**

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, name or number, or transporter, or other such change of condition.