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State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator P&P Producing, Inc.	Well API No. 30-025-24635
Address P. O. Box 3178, Midland, Texas 79702-3178	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give same address of previous operator	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
EFFECTIVE 11/1/93	
change of operator give same address of previous operator <u>Graham Royalty, Ltd. P.O. Box 4495 Houston, TX 77210</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Terry</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Nadine Drineard 3 ABO</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>23</u> Township <u>19</u> Range <u>38</u> NMPM, <u>SEA</u> 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"/> <u>EOTT Energy Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4666 Houston TX 77210 (1-1-93)</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>GPM GAS CORP.</u>	Address (Give address to which approved copy of this form is to be sent) <u>1030 Plaza, Ofc. Bldg Bartlesville OK 80217</u>	
Well produces oil or liquids, or location of tanks.	Unit <u>M</u> Sec. <u>23</u> Twp. <u>19</u> Rge. <u>18</u>	Is gas actually collected? <u>YES</u> When? <u>11-12-80</u>
this production is commingled with that from any other lease or pool, give commingling order number: <u>NO</u>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	DIT Resv
Well Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
evaluations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
formations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Text 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.)			
its First New Oil Run To Tank	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
Producing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. 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 Cindy Whaddon
Cindy Whaddon, Proration Analyst Mgr.
Printed Name _____ Title _____
Date 11/29/93 Telephone No. 915 683-4768

OIL CONSERVATION DIVISION
DEC 01 1993

Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.