

DISTRIBUTION	
AMT A FE	
ILF	
S.G.S.	
AND 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-
Effective 1-1-65

I.

Operator Grace Petroleum Corporation	
Address P. O. Drawer 2358, Midland, Tx. 79702	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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 Smith Ranch Federal	Well No. 1	Pool Name, Including Formation Undesignated <i>Leas Leas</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17238
Location				
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West
Line of Section 11	Township 20-S	Range 33-E	NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc.	P. O. Box 2587, Hobbs, N. M. 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	First International Bldg., Dallas, Tx. 75270					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 11	Twn. 20-S	Rge. 33-E	Is gas actually connected? Yes	When 11-22-80

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded 5-22-80	Date Compl. Ready to Prod. 11-22-80	Total Depth 13,650'	P.B.T.D. 13,476'					
Elevations (DF, RKB, RT, GR, etc.) 3571' GR; 3593' KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 13318'	Tubing Depth 13170'; Tailpipe @ 13199'					
Perforations 13534-13544' (Isolated w/plug in "N" Nipple w/10' sand on "WB" pkr); 13455-13464' (19 holes), 13334-13339' (11 holes), 13318-13326'	Depth Casing Shoe 13650'							
TUBING, CASING, AND CEMENTING RECORD (17 holes)								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	487'	500 sx					
12 1/4"	8 5/8"	5062'; DV tool @ 3302'	1st-975sx; 2nd-2000sx					
7 7/8"	5 1/2"	13650'; Stage tool @ 9594'	1st-810sx; 2nd-125sx					
---	2 7/8"	13170'; Tailpipe @ 13199'						

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)

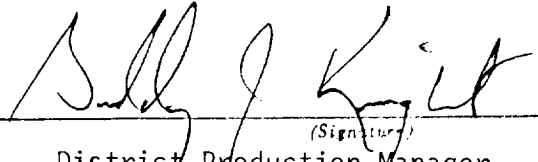
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

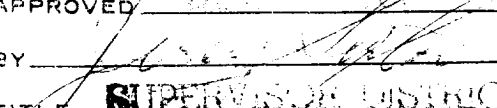
Actual Prod. Test-MCF/D 133	Length of Test 24 hrs	Bbls. Condensate/MMCF 37.6	Gravity of Condensate 53.0
Testing Method (pitot, back pr.) Orifice Meter	Tubing Pressure (Shut-in) 3530 psig	Casing Pressure (Shut-in) ---	Choke Size Open

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.


District Production Manager
12-4-80

OIL CONSERVATION COMMISSION

APPROVED	DEC 3 1980	19
BY		
TITLE	SUPERVISOR DISTRICT	

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