ubmit 5 Copies ppropriate District Office Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

DISTRICT II
P.O. Drawer DD, Astonia, NM \$8210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		UIRA	NOFU	IN I UIL	אווט וזאו	OHAL GA	Well A	PI No.			
Openior Grace Petroleum Corpo	ration							-025-29265			
	TACTOIL										
Address 6501 N. Broadway, Okl	ahoma C	itv. (OK 73	3116						İ	
Reason(s) for Filing (Check proper box)		27			X Othe	t (Please expla	in)		***********		
New Well	•	Change in	Transport	ter of:	_						
Recompletion X	Oil		Dry Gas		R	e-entry (of P&A	well			
Change in Operator	Casinghead	Gas 🗌	Condens	ate 🗌							
If change of operator give name											
and address of previous operator											
IL DESCRIPTION OF WELL		SE	<u> </u>				1 20:- 4	- 1 aug.	7 -	nes No	
Lease Name	Well No. Pool Name, Including				_	_		of Lease Federal or Fee		420	
Tonto Federal		1	Tea	s Bone	Springs 660				1/	439	
Location		75U								<u>.</u> .	
Unit Letter H	: 19	903-	Feet Fro	m The _No	orth Lin	and	£ Fe	et From TheE	ast	Line	
s 10 s	205		Range	33E	M	ирм.			Lea	County	
Section 10 Township	205		Kange	335	, 14	AF IVI,		 			
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil	[X]	or Conde		\neg	Address (Giv	e address to wh	ich approved	copy of this form	is to be se	ml)	
Sun Refining & Marketi					Box 20	39. Tuls	a, OK	74102		-688-7074	
Name of Authorized Transporter of Casing			or Dry (Ges 🗀	Address (Giv	e address to wh	uch approved	l copy of this form	is to be as	ent)	
		·	·		<u> </u>		1	•			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actual	y commected? sed for u	When				
rive location of tanks.	H	10	205		L		N/A	Tearer			
If this production is commingled with that I IV. COMPLETION DATA	rom any oth	et lease of	pool, give	comming	mi ologi sun		N/R				
IV. COMPLETION DATA		Oil Well		ias Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1 X	` ¦ `			,				İ	
Date Spudded Re-entry	Date Comp	al. Ready to	o Prod.		Total Depth			P.B.T.D.			
11-8-90	-	22-90			10,69			9740	(CIBP)		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	=		Tubing Depth	1		
GL 3574, KB 3595	Bone Springs				9302	<u> </u>		9477	1		
Perforations								Depth Casing S	noe		
9302-16 (2 SPF) 9498-	9514 (10,697			
					CEMENTI	NG RECOR		1 200	VO OFI	ENT	
HOLE SIZE		SING & TI			DEPTH SET				SACKS CEMENT		
17-1/2"		8* 54 ‡			523			(unknown) to surface			
12-1/4"		8 " 24#			5000			1535 sxs to 4200			
7-7/8"	-	2" 17#			10697 9477			11333 8X8 TO 4/UU			
tbq V. TEST DATA AND REQUES	1 2-7/3	8" OD	ARLE	N-80	<u> </u>	9477					
OIL WELL (Test must be after r	TA EUR A	عدادی امادهد محالمه اماد	of load of	and must	be equal to or	exceed top all	owable for th	is depth or be for	full 24 hos	ers.)	
Date First New Oil Run To Tank	Date of Te		.,		Producing M	ethod (Flow, p	ump, gas lift,	etc.)			
12-23-90		30-90			, -	ng 1-1/2		pump			
Length of Test	Tubing Pre				Casing Press	ште		Choke Size			
24 hrs	N/A			_	N/A			N/A			
Actual Prod. During Test					Water - Bbis			Gas- MCF			
			52			20 (est)					
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	amie/MMCF		Gravity of Con	densate		
	-										
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shu	#-in)		Casing Pres	ure (Shut-in)		Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COM	PLIAN	NCE		011 001	ייייייייייייייייייייייייייייייייייייייי	ATION D	1//101/	ΩN.	
I hereby certify that the rules and regul	lations of the	Oil Conse	ervation		11			ATION D			
Division have been complied with and	that the info	rmation gi	vea above	•			-1	united F	;		
is true and complete to the best of my	knowledge a	and belief.			Dat	e Approve	ed				
		_			II.						
Marin Tolor	lan-	>			Rv	ng tangah, iko	100	<u> </u>	CON		
Signature	0	*4 ~~~	Cur-	<u>rinte</u> nd	The Dy-		· ·	ď.			
Marvin T. Jordan Printed Name	Upera	CLONS	Supe: Title	THEE							
October 8, 1991	(405)	840-6			II I TIE	<i>-</i>					
Date	· / -		lephone l	No.							
					_11						

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.







Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
...nergy, 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

S inta Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTR	NSP	ORT OIL	AND NA	TURAL G	AS		*	
Operator C O	0 / -							API No.		
GRACE PETA	TOLEU	M	20K	PORA	TION			50-025	-2926	5
Address 650/ NORTH 6 Reason(s) for Filing (Check proper box) New Well	P. A. T. L.	JAn		36111	Lana D. C	T4. O	4 7	13/16		
Reason(s) for Filing (Check proper box)	HUADA	<i>7</i> 7 <i>y</i>		<u> </u>	X Ou	er (Please expl	ain)	<u> </u>	004	1991
New Well		Change 1	1 Transp	orter of:	TEST	ALLOW	A.B.L.E	MONIT	YAN.	,,,,,
Recompletion	Oil		Dry G	ias 🗌		1000	bbl -	•		
Change in Operator	Casinghead	Gas [Conde	nsate						
If change of operator give name and address of previous operator										
	ANDIE	CE								
II. DESCRIPTION OF WELL Lease Name		Well No.	Pool N	Jame Includi	ing Formation		V ind	of Lease		ease No.
TONTO FEDERA		/	·		-	E SPRI		Federal or Fe		7439
Location			1	71-2	2000	<u> </u>	<i>N</i> G 1			1421
Unit Letter	:1905	1980	_ Feet F	rom The /V	ORTH Lin	e and 7 59	2660 F	eet From The	EAST	Line
Section /O Townshi	20-5		Range	33-6	= ,N	MPM,	LEA			County
III. DESIGNATION OF TRAN	SPORTER	OF O	IL AN	ID NATU						
Name of Authorized Transporter of Oil		or Conde	nsate		Address (Giv	e address to wh				
SUNREFINING +		ETIN			Bax 203	9 TULSA	, OKLA.	74/02-	1800-65	29-7074
Name of Authorized Transporter of Casing			or Dry	Gas	Address (Giv	e address to wh	hich approved	copy of this f	orm is to be se	ent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual	y connected?	When	?		· .
If this production is commingled with that	from any othe	r lease or	pool, gi	ve commingl	ing order num	ber:				
IV. COMPLETION DATA		Oil Wel	, I	Gas Well	New Well	Workover	Deepen	Dlug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	lon wer	* ¦	Oab Well	New West	Workover		Tidg Dack	Same Res	Jan Kesv
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth		
Perforations C	7498 X	4,0	<u>~~~</u>		l			Depth Casir	g Shoe	
					CEMENTI	NG RECOR	D			<u> </u>
HOLE SIZE						DEPTH SET		SACKS CEMENT		
	HOLE SIZE SHOWE									
V. TEST DATA AND REQUES	T FOD A	IIOW	ARIE		L					
V. TEST DATA AND REQUES OIL WELL (Test must be after r	of rock A.	ai volume	of load	oil and must	be equal to or	exceed top allo	owable for the	s depth or be	for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test					ethod (Flow, pu			· · · · ·	
								T Q + 2:		
Length of Test	Tubing Pressure			Casing Press	ane		Choke Size			
				Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Dois	•				
CACHIELI	1									
GAS WELL Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conde	sate/MMCF		Gravity of	Condensate	
Actual Flor. Flor.	rendri or rest									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC				NCE			ISEDIA	ΔΤΙΩΝΙ	חוייופות)N
I hereby certify that the rules and regul					'		40LIV	AHON		J14
Division have been complied with and is true and complete to the best of my			ven abov	/E			لم	JANO	9 40-	
and and complete to all over of my					Date	Approve	DI	San A	a 1991	<u>.</u>
						Opiali	NAL SIGN	ED BY JERI	RY SEXTON	S .
Signature	\sim	' ,	<u></u>		∥ By_	URIUI	DISTRICT	SOPERVI	SOR	
Printed Name		od.	Title	men	7:4-					
BILL LYNN	.39	74-3	362	_	/ litie					
Date 1-2-91		Tel	lephone	No.						

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