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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Grover-McKinney Oil Company	Well API No. 30-025-29972
Address P O Box 3666, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 2	Pool Name, Including Formation West Teas (Yates SR)	Kind of Lease State, Federal or Fee	Lease No. NM-51844
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 9 Township 20S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company, a Div. of Koch Inc., Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 1558, Breckenridge TX 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Saber Gas, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 4122, Midland, Texas 79704					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 9	Twp. 20S	Rge. 33E	Is gas actually connected? Yes	When? February 1990

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 x	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-12-87	Date Compl. Ready to Prod. 12-1-87	Total Depth 3400'	P.B.T.D. 3355'					
Elevations (DF, RKB, RT, GR, etc.) 3542.9' GR	Name of Producing Formation Yates	Top Oil/Gas Pay 3217'	Tubing Depth 3160'					
Perforations 3217'-39'	Depth Casing Shoe 3400'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	1256'	750 sx
7 7/8"	4 1/2" 10.5#	3400'	1100 sx
	2 3/8" 8 RD EUE	3160'	

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 Tank 12-1-87	Date of Test 3-3-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs	Tubing Pressure 18	Casing Pressure 20	Choke Size -
Actual Prod. During Test 15 BO, 6 BW, 12 MCF	Oil - Bbls. 15	Water - Bbls. 6	Gas- MCF 12

GAS WELL

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

VI. 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
Carol Robbins
Printed Name
April 19, 1990
Date
Agent
915/683-4215
Telephone No.

OIL CONSERVATION DIVISION
APR 24 1990

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.
- 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.

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