	·	1	1
Submit 5 Copies	State of Ne		Form C-104
Appropriate District Office	Energy, Minerals and Natur	ral Resources Department	Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM \$5240	OIL CONSERVA	<b>FION DIVISION</b>	at Bottom of Page
DISTRICT II P.O. Drewer DD, Artesia, NM \$8210	P.O. Bo Santa Fe, New Me.	x 2088	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410			
	REQUEST FOR ALLOWAR		DN
I. Operator	TO TRANSPORT OIL	AND NATURAL GAS	Vell API No.
Grace Petroleum Corpo	oration		30-025-31138
Address 6501 N. Broadway, Okl	ahoma City, OK 73116		
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well 20	Change in Transporter of: Oil X. Dry Ges		
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator		· · · · · · · · · · · · · · · · · · ·	
IL DESCRIPTION OF WELL			
Lease Name	Well No. Pool Name, Includin		Kind of Lease Lease No.
Smith Ranch Federal	2 Teas - Bo	ne Springs	<u> NM 17238</u>
Unit Letter : 660 Feet From The North Line and Feet From The Line			
Section 11 Townshi	p 20 South Range 33 Eas	t , NMPM,	Lea County
	· · · · · · · · · · · · · · · · · · ·		
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATUR	(AL GAS Address (Give address to which app	roved copy of this form is to be sent)
Sun Refining & M		2415 E. Hwy 80, Mi	الكالب البالية الأراشي بريدي والمراجب المستعد والمتلا المختلقة مستقصف والمتعالي فالمحد والمتعا
Name of Authorized Transporter of Casin (new) Phillips 66 Natu	tral Gas GPM Gas Corport	Address (Give address to which app 101625 W. Morland EE	roved copy of this form is to be sent) EECTIVE: Fobruary 1, 1992
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When? 1991
give location of tanks.	C 11 20S 33E from any other lease or pool, give commingli		End of March-First of April
IV. COMPLETION DATA			
Designate Type of Completion	Oil Well Gas Well - (X) X	New Well Workover Dee	pen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
@ 7:00 PM 1/26/91 Elevations (DF, RKB, RT, GR, etc.)	March 12, 1991 Name of Producing Formation	9750 * Top Oil/Gas Pay	9720 <sup>1</sup> Tubing Depth
3581.4 GR	Bone Springs	9386'-9442' (2 SPF	) Packer # 9191'
Perforations			Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2</u> 12-1/4	csg 13-3/8" " 8-5/8" 28£32#	<u>438'</u> 5279'	800 sxs-cmt to surface 4400 sxs-2 stages.to sur
7-7/8	* 5-1/2* 17£20 <b>‡</b>	9745'	1440 8X8
V. TEST DATA AND REQUE	tbg 2-7/8" 6.5# N-80	9349'	Packer @ 9191'
OIL WELL (Test must be after i	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	Date of Test March 13, 1991	Producing Method (Flow, pump, ga	s tyr, esc.)
March 12, 1991	Tubing Pressure	Casing Pressure	Choke Size
24 hrs Actual Prod. During Test	700 <b>‡</b>	O Water - Bbis.	14/64 Gas- MCF
340 bbls	340	0	700
GAS WELL			Describe of Candes and
Actual Prod. Test - MCF/D	Length of Test	Bbis. 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 OIL CC			RVATION DIVISION
Division have been complied with and	that the information given above	OIL CONSERVATION DIVISION	
is true and complete to the best of my	EDOWIEdge and Dellel.	Date Approved Urig. Signo	
Marin	dani	Paul Ka	uta
Signature Marvin T. Jordan	Operations Superintende		H.
Primed Name August 8, 1991	Title (405) 840-6624	Title	
ANTIGE A. 1991		F1	

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVES

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