

Llano, Inc.

P.O. 1320 Hobbs, New Mexico 88240

* Effective August 8, 1975

II. DESCRIPTION OF WELL AND LEASE

Lease	State GRA Comm.	1	Grama Ridge Morrow (gas)	Lease No.	E-9141
County	State			County	
Section	E	1980	North	660	West
Line of Section	3	22-S	34-E	Lea	County

III. DESIGNATION OF TRANSPORTATION

Name of Authorized Transportation	X	Name of Authorized Transportation	
Navajo Crude Oil Purchasing Co.		N. Freeman Ave.	Artesia, N. M. 88210
Llano, Inc.			
If well production is to be transported	E	3	22-S 34-E

IV. COMPLETION DATA

Designate Name of Completion		Designate Name of Completion	
Date Spudded		Date Spudded	
Elevations (ft.)		Elevations (ft.)	
Perforations		Perforations	
HOLE SIZE		HOLE SIZE	

V. TEST DATA AND REQUEST FOR OIL WELL

Date First New Oil Run To Tanks		Date First New Oil Run To Tanks	
Length of Test		Length of Test	
Actual Prod. During Test		Actual Prod. During Test	

GAS WELL

Actual Prod. Test-MCF/D		Actual Prod. Test-MCF/D	
Testing Method (pitot, back pr)		Testing Method (pitot, back pr)	

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Commission have been complied with and the information above is true and complete to the best of my knowledge.

W. Edwards
(Signature)

Vice President

August 8, 1975

Orig. Signed by
John Runyan
Geologist

Filed in Compliance with RULE 1104.

When a well is newly drilled or deepened, the owner must be accompanied by a tabulation of the deviation log in accordance with RULE 111.

This form must be filled out completely for all wells.

Use this form for changes of owner, lease, or operator.

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LAND 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-110
Effective 1-1-65

Operator Llano, Inc.			
Address P. O. Drawer 1320, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		This well is now an injection well; however, the condensate to be transported was produced prior to reclassification.	
New Well <input type="checkbox"/>	Change in Transporter of:	Dry Gas <input type="checkbox"/>	Effective October 1, 1973
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State GRA Comm	Well No. 1	Pool Name, including Formation Grama Ridge Morrow (Gas)	Kind of Lease State, Federal or Fee State	Lease No. E-9141
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 3 Township 22-S Range 34-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"/> Minerals, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 1320, Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When

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 Res'v.	Diff. Res'v.
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					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

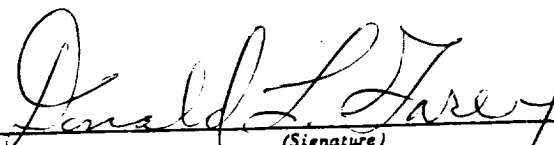
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

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.


(Signature)
Vice President-Planning and Development
(Title)
November 2, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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.