

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-1
Effective 1-1-65

DISTRIBUTION			
STATE			
FEDERAL			
U.S.			
D. OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

1. **OPERATOR**
Grace Petroleum Corporation
Address
P. O. Drawer 2358, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transportation ☐
Recompletion ☐ Oil ☐
Change in Ownership ☒ Casinghead Gas ☐
Other (Please explain)
If change of ownership give name and address of previous owner Cleary Petroleum Corporation, P. O. Drawer 2358, Midland, Tx. 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State "H"	3	Eunice 7 Rivers Queen South	State	Lease No.
Location	Unit Letter B	330	Feet From The North	1650	Feet From The East
Line of Section	17	Township	22-S	Range	36-E
					Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate	Texas-New Mexico Pipe Line	(Give address to which approved copy of this form is to be sent)	P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Other Gas	Ashland Chemical Company	(Give address to which approved copy of this form is to be sent)	P. O. Box 1503, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit B	Section 17	Range 22-S
			36-E
			Yes
			1-70

If this production is commingled with that from any other lease, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Art. Well	Art. Well	Art. Well	Workover	Deepen	Art. Well	Art. Well	Art. Well
Date Spudded	Date Compl. Ready to Prod.							
Elevations (DF, R&H, RT, GR, etc.)	Name of Producing Formation							
Perforations								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

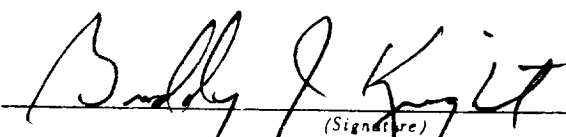
Date First New Oil Run To Tanks	Date of Test	(Test must be run for a minimum of total volume of load oil and must be equal to or exceed top allowable for this depth for full 24 hours)	
Length of Test	Tubing Pressure	Well Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Well Pressure	Choke Size

GAS WELL

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

I. 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)
District Production Manager
(Title)
10-25-78
(Date)

OIL CONSERVATION COMMISSION

NOV 7 1978

APPROVED _____, 19____

Orig. Signed by
Jerry Sexton
Dist 1, Super.

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 from 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, all name or number, or transporter, or other such change of condition.