

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

Llano, Inc.

P. O. Box 1320, Hobbs, New Mexico 88240

Other (Please explain)
Additional transporter
of condensate

Change to Transporter of:

Oil

Dry Gas

Gas/liquid Gas

Condensate

Give name of person who gives name of person who owns

SECTION OF OIL AND LEASE

GRM Unit

Well No. Pool Name, including Formation
4 Grama Ridge Morrow

Kind of Lease
State, Federal or Fee Federal

Lease No.
NM058678

Section F 2310 Feet From The north Line and 2310 Feet From The west

Range 4 Township 22S Range 34E, NMPM, Lea County

SECTION OF TRANSPORTER OF OIL AND NATURAL GAS

See Attachment

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

Llano, Inc.

Is gas actually connected? When

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

COMPLETION DATA

Describe Type of Completion - (X)

Oil Well Gas Well New Well Workover Deepen Plug Back Some Res'v. Diff. Res'v.

Date Compl. Ready to Prod. Total Depth P.B.T.D.

Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allocation for this depth or be for full 24 hours)

Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Casing Pressure	Choke Size	Casing Pressure
Water-Data	Gas-MCF	Water-Data

Grav. of Condensate	Date, Temperature/MCF	Grav. of Condensate
Choke Size	Casing Pressure (Shot-in)	Choke Size

OIL CONSERVATION COMMISSION

APPROVED 06/10/1979, 19

Orig. Signed By
Jerry Sexton
Dist. 1. Supv.

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 deviated trajectory on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowance to be considered.
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.

Al Klaar

Manager of Petroleum & Natural Gas Engineering

10-1-79
(Date)

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Llano, Inc.		Well API No. 21334
Address 921 W. Sanger Hobbs, NM 88240-4917		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) To Add Additional Transporter of Condensate		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name GRM Unit	Well No. #4	Pool Name, Including Formation Grama Ridge Morrow	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM-058678
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>22S</u> Range <u>34E</u> , <u>NMPM</u> , 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"/> R & K Oil Company, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. ox 1229--Andrews, TX. 79714	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) 921 W. Sanger--Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks	Unit F	Sec. 4
	Twp. 22S	Rge. 34E
Is gas actually connected? <input checked="" type="checkbox"/> YES Yes--Gas Storage & Withdrawal Well		

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 Tank	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.	Cas. MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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 Steve Pfaff
Printed Name Steve Pfaff Supervisor-Contract Admin.
Date 4/23/91 Telephone No. (505) 393-2153

OIL CONSERVATION DIVISION

APR 24 1991

Date Approved _____
By Paul Kautz Orig. Signed by
Geologist
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.

RECORDED

APR 23 1991

020

MOBILE OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
LLANO, INCAddress
P. O. BOX 1320, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name GRM Unit	Well No. 4	Pool Name, including Formation Grama Ridge Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM058678
Location Unit Letter <u>F</u> ; <u>2310</u> Feet From The <u>north</u> Line and <u>2310</u> Feet From The <u>west</u> Line of Section <u>4</u> Township <u>22S</u> Range <u>34E</u> , 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"/> NAVAJO CRUDE OIL PURCHASING CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 4
	Twp. 22S	Rge. 34E
Is gas actually connected? <input checked="" type="checkbox"/> <u>Yes-Gas Storage and withdrawal well</u>		

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

IV. COMPLETION DATA

Designate Type of Completion - <input checked="" type="checkbox"/>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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 (pistol, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Vice President
(Title)November 14, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 19 1984, 19BY ORIGINAL SIGNED BY JERRY REXTON

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 multiple completed wells.

RECEIVED

NOV 19 1984

IND. SEC. SERVICE