

APPLICANT'S NAME

NATURAL GAS

Llano, Inc.

P.O. Box 1320

Hobbs, New Mexico 88240

Person(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

X Effective August 8, 1975

In change of ownership, give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease No.	Federal GR-4	Well No.	1	Well Name	Grama Ridge Morrow (gas)	State of Lease	Lease No.
Location	Unit Letter	F	2310	North	2310	State, Federal or Fee	Federal/ NM 058678
Line of Section	4	Township	22-S	Range	34-E	Acres From The	West
						Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND GAS

Name of Authorized Transporter of Oil	Navajo Crude Oil Purchasing Co.	Address	N. Freeman ave. Artesia, N. M. 88210
Name of Authorized Transporter of Gas	Phillips Petroleum Corporation	Address	Room B-2 Phillips Bldg. Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit	Sec	When
	F	4	22-s 34-E
			Yes
			2-6-66

If this production is commingled with that of another well, give name of well

IV. COMPLETION DATA

Designate type of Completion (A)	Date Spudded	Date Completed	Perforations
Elevations (LF, KB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth	Descriptive Notes
HOLE SIZE	CASING & TUBING SIZE		

V. TEST DATA AND REQUEST FOR ALLOWANCE FOR OIL WELL

Date First New Oil Run To Tanks	Date of Test	Length of Test	Tubing Pressure (psia)
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gravel Coordinate
Testing Method (pilot, back pr.)	Tubing Pressure (psia)	Chart Date

VI. CERTIFICATE OF COMPLIANCE

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

[Signature]

Vice President

(Title)

August 8, 1975

(Date)

RESERVATION COMMISSION

1975, 19

This well is being filled in compliance with RULE 1104.

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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)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Effective October 1, 1973	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal GR-4	Well No. 1	Pool Name, including Formation Grama Ridge Morrow (Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. NM058678
Location				
Unit Letter F	2310	Feet From The North	Line and 2310	Feet From The West
Line of Section 4	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Minerals, Inc.	P. O. Drawer 1320, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 2	Sec. 2	Twp. 22-S	Rge. 34-E	Is gas actually connected? 7/1/73	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'tv.	Diff. Res'tv.
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.

Donald L. Larey
(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.

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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

I. Operator
Operator Llano, Inc.
Address P. O. Drawer 1320, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☒
Other (Please explain)
Effective: February 1, 1973

If change of ownership give name and address of previous owner Bettis, Boyle & Stovall, Box 1168, Graham, Texas 76046

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal GR-4</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Grama Ridge Morrow (Gas)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM058678</u>
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>22-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> 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"/> <u>To be determined</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Phillips Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Room B-2, Phillips Bldg., Odessa, Texas 79760</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>4</u>	Twp. <u>22-S</u>	Rge. <u>34-E</u>	Is gas actually connected? <u>Yes</u>	When <u>2/8/66</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 - (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.

Donald D. Ramey
(Signature)

Vice President-Planning and Development
(Title)

February 16, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Joe D. Ramey
Dist. I, Supv.

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.

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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I. Operator **Bettis, Boyle & Stovall**

Address **Box 1168, Graham, Texas 76046**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Effective November 1, 1971

Recompletion ☐ Oil ☐ Dry Gas ☐ Condensate ☐

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Shell Oil Company, Box 1509, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal GR-4	Well No. 1	Pool Name, including Formation Grama Ridge (Morrow Gas)	Kind of Lease Federal
Location Unit Letter F ; 2310 Feet From The North Line and 2310 Feet From The West			State, Federal or Fee NM 058678
Line of Section 4 , 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"/> Famariss Oil & Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 980, Hobbs, New Mexico 88240		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas 79760		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 4	Twp. 22-S
		Rge. 37E	Is gas actually connected? yes When February 8, 1966

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		F.B.T.D.			
Pool	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			

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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-Ebbs.	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	Casing Pressure	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.

**H. M. Bettis**

(Signature)

Co-owner

(Title)

December 20, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 27 1971**, 19BY **Joe D. Murphy**TITLE **Dir. I. Supr.**

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