

DISTRIBUTION	
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FILE	
U.S.S.	
AND 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-1
Effective 1-1-55

I.

Operator Grace Petroleum Corporation	
Address P.O. Drawer 2358, Midland, Texas 79702-2358	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter's ☐
Recompletion ☐	Oil ☐ Gas ☒
Change in Ownership ☐	Disturbed ☐ Order State ☐
Effective 12-1-81	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal TSS Com.	Well No. 1	Actual Production Hat Mesa Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-25460
Location				
Unit Letter W	660	Section South	1980	Feet From The East
Line of Section 3	Township 21-S	Range 32-E	N.M.P.M.	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Natural Gas Southern Union Gathering Company Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) First International Bldg, Dallas, TX 75270 P.O. Drawer 1320, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. W 3 21-S 32-E	When 5-5-76 Gas Co. of NM 6-1-77 Llano

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)		Drill And	Gas And	Deep Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Comm. Res'tv. to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, RKB, RT, Gk, etc.)	Name of Fracturing Company	Fracturing Date		Testing 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)

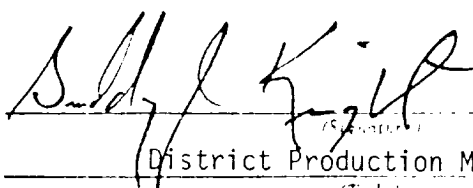
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	BHMA Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


Buddy C. Knight
District Production Manager
December 31, 1981

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.