

DISTRIBUTION		
AMT. FE		
ILL		
S.G.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 1-1-65

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 ☐ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☒ Effective 12-1-81
Change in Ownership ☐ Ownership ☐ Ownership ☐
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	New Mexico "C" Fed.	Well No.	1	S. Salt Lake Morrow	Kind of Lease	State, Federal or Fee	Federal	Lease No.	NM-14791
Location	Unit Letter	Q	660	Feet From The	East	1980	Feet From The	South	
	Line of Section	4	Township	21-S	Range	32-E	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 Gas	Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent)	First International Bldg, Dallas, TX 75270		
If well produces oil or liquids, give location of tanks.	Q 4 21-S 32-R	Is gas actually connected?	Yes	When	5-13-77

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	Depth of Gas Layer	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)

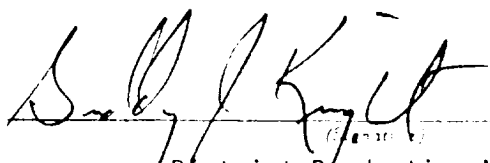
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.


Buddy J. Knight
District Production Manager
(Title)
December 31, 1981
(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.