

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-105
Effective 1-1-65

DISTRIBUTION		
TA FE		
S.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
Grace Petroleum Corporation
Address
P. O. Drawer 2358, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter ☐
Recompletion ☐ Oil ☐
Change in Ownership ☒ 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	New Mexico "E" Fed. Comm. 1	Well Name	S. Salt Lake Morrow	Kind of Lease	Federal	Lease No.	NM-14791
Location	Unit Letter P ; 660 Feet From The East 3300 Feet From The South	Line of Section	5	Township	21-S	Range	32-E
						NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Permian Corporation	(Have address to which approval copy of this form is to be sent)	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Gas ☐ or Oil ☒	Gas Company of New Mexico	(Have address to which approval copy of this form is to be sent)	First International Bldg., Dallas, Tx. 75270
El Paso Natural Gas Company (split stream)			P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit P 5 21-S 32-E	Yes	Gas Co. 9-2-77 El Paso 6-6-78

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Workover	Deepen	Refrack	Once Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.						
Elevations (DF, RKB, 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

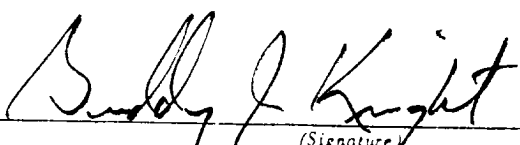
Date First New Oil Run To Tanks	Date of Test	(Test must be in excess of total volume of load oil and must be equal to or exceed top allowable for this well for full 24 hours)	
Length of Test	Tubing Pressure	Surface Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Gas-Bble.	Choke Size

GAS WELL

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


(Signature)

District Production Manager

(Title)

10-25-78

(Date)

OIL CONSERVATION COMMISSION

REMOVED NOV 7 1978

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 deviation 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, oil name or number, or transporter or other such change of condition.