

DISTRIBUTION	
DATE	
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  
Effective 1-1-65

I.

Operator Grace Petroleum Corporation	
Address P. O. Drawer 2358, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter etc.
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 type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico Federal "G" Com.	Well No. 1	State, Name, Locality, Formation Undesignated Morrow	Kind of Lease State, Federal or Free Federal	Lease No. NM-1502
Location				
Unit Letter I	660	Feet From The East	Line and 4650	Feet From The South
Line of Section 6	Township 21-S	Range 32-E	NMPM, Lea	Cour

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)
Western Crude Oil Inc.	P. O. Box 1142, Midland, Tx. 79702
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)
Gas Company of New Mexico	First International Bldg, Dallas, Tx. 75270
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
I 6 21-S 32-E	Yes 6-13-80

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 Rest.	Diff. Rest.
		X	X					
Date Spudded 2-5-80	Date Compl. Ready to Prod. 5-13-80	Total Depth 14,250'	F.R.T.D. 14,167' WL					
Elevations (DF, RKB, RT, GR, etc.) 3653' GR; 3676' KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,836'	Turing Depth 13,670'					
Perforations (9 holes) 13836-13860' (25 holes), 13907-13912' (6 holes), 13914-13922' (9 holes), 13925-13930' (6 holes), 14062-14070' (9 holes), 14094-14103' (10 holes), 14123-14136 (14 holes)	DEPTH SET 17 1/2" 13 3/8" 492' 650 sx (circ) 12 1/4" 8 5/8" 5187' w/DV tool @ 3120' 1st-700; 2nd-1825sx (circ) 7 7/8" 5 1/2" 14250' 875 sx --- 2 7/8" 13670' ---							

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)

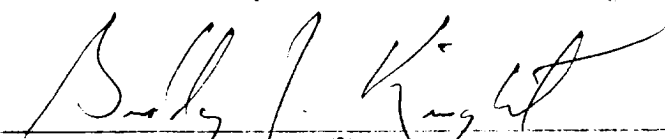
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 4000	Length of Test 24 hrs	Bbls. Condensate/MMCF 10	Gravity of Condensate 55.4
Testing Method (pitot, back pr.) Orifice Meter	Tubing Pressure (Shut-in) 3495	Casing Pressure (Shut-in) ---	Choke Size 26/64"

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.

  
District Production Manager  
(Title)

6-17-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT I

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.