

DISTRIBUTION		
DATE		
TIME		
S.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter ☐
In Completion ☐ Oil ☐
Change in Ownership ☒ Casinghead Gas ☐
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	Lease No.	Kind of Lease	Lease No.
Matkins	1	Langlie-Mattix (7 Rivers)	PC 466
Location	Unit Letter	1980	Feet From The South
		1980	Feet From The East
Line of Section	15	Township	23-S
		Range	36-E
		County	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Gas
Texas-New Mexico Pipe Line Co.	Phillips Petroleum Company
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Gas	Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate
Fourth & Washington, Odessa, Texas 79760	P. O. Box 1510, Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit
	0 15 23-S 37-E
	Yes
	Unknown

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Water Well	Deep Well	Artificial	Water Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.						
Elevations (DF, RAB, RT, GR, etc.)	Name of Fracturing Firm						
Perforations							
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

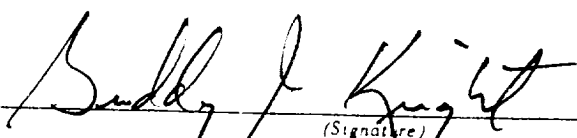
Date First New Oil Run To Tanks	Date of Test	(Test must be of sufficient volume of total volume of load oil and must be equal to or exceed top allowable for that well for full 24 hours)	
Length of Test	Tubing Pressure	Flow Rate	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Flow Rate/MCF	Quantity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Flow Rate (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

APPROVED NOV 7 1978, 19

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

DISTRIBUTION			
SA	T A F E		
F I E			
G.S.			
ID 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-
Effective 1-1-65

I. Operator
Cleary Petroleum Corporation
Address
Suite 200 Gihls Towers West, Midland, Texas 79701
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 8/1/74
If change of ownership give name and address of previous owner Wolfson Oil Company, 3206 Republic Bank Tower, Dallas, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Matkins</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Langlie-Mattix (7 Rivers)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>PC 466</u>
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>15</u> Township <u>23S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Fourth & Washington, Odessa, Texas 797</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>15</u>	Twp. <u>23S</u>	Rge. <u>36E</u>
	Is gas actually connected?		When	
	<u>Yes</u>		<u>Unknown</u>	

If this production is commingling 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 (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.

Mary Ann Ferguson
(Signature)
Production Clerk
(Title)
8/19/74
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1974, 19
BY Joe D. Ramer
TITLE Director

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.