

DISTRIBUTION		
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E		
S.S.		
D 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
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter ☐ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
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 Parks	Well No. 8	Pool Name, Interest Drinkard	Kind of Lease State, Federal or Free	Fee	Lease No. ---
Location Unit Letter J, 1980 Feet From The South Line and 1980 Feet From The East	Line of Section 14	Township 22-S	Range 37-E	NMPM, Lea	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"/> The Permian Corporation	Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	(Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001	(Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit K, Sec. 14, Twp. 22-S, Rge. 37-E	Is it directly connected? Yes	When 7-72

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	Hot Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Final Depth	P.S.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of 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 under 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	Grav. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

OIL CONSERVATION COMMISSION

APPROVED NOV 7 1978
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 to be 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.

District Production Manager

10-25-78

(Date)