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U.S.G.S.	
LAND 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
Effective 1-1-65

Operator
Bill J. Graham

Address
P. O. Box 5321, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
<u>U.S. Smelting Federal</u>	<u>1</u>	<u>Double X Delaware</u>	State, Federal or Fee <u>Federal AC</u>

Location

B 660 Feet From The N Line and 1980 Feet From The E

22 Township 24S Range 32E, NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Seabrook Oil Company</u>	<u>1216 Vaughn Bldg, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>Phillips Bldg., Odessa, Texas 79700</u>

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
<u>B</u>	<u>22</u>	<u>24S</u>	<u>32E</u>	<u>Yes</u>	

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
<u>(X)</u>							

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

(Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

OIL WELL

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.

Ivan Shamburger
(Signature)

Agent
(Title)

November 29, 1973
(Date)

Effective Date - December 1, 1973

OIL CONSERVATION COMMISSION

APPROVED DEC 7 - 1973

BY Joe D. Ramey
Orig. Signed by
Dist. J. Supv.

TITLE Dist. J. Supv.

This form is to be filed in compliance with RULE 10.

If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 10.

All sections of this form must be filled out completely for a new well, a well being recompleted, or a well being recompleted.

Fill out only Sections I, II, III, and VI for a new well, well name or number, or transporter or other such change of conditions.

Separate Forms C-104 must be filed for each pool in a recompleted well.