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SANTA FE		<u> </u>			
FILE					
U.S.G.S.		<u> </u>	<u> </u>		
LAND OFFICE			L		
TRANSPORTER	OIL	<u> </u>			
	GAS	<u> </u>			
OPERATOR					
PRORATION OFFICE					
Operator					
Bill J. Gra	ham E	sta	<u>te</u>		
Address					
P. O. Box 7	0 <u>37,</u>	M	id		
Reason(s) for filing (Check proper box					
New Well	\sqsubseteq				
Recompletion					
Change in Ownership	, L				
f change of owners					
and address of prev	ious ov	vner.			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65				
	U.S.G.S.	ALITHOPIZATION TO TRAI	AND NSPORT OIL AND NATURAL G	Δ\$				
	LAND OFFICE	AUTHORIZATION TO TRAI	NSI OKT OLE AND NATOKAL O	A-0				
	TRANSPORTER OIL GAS							
	OPERATOR							
1.	PRORATION OFFICE Operator							
	Bill J. Graham Estate							
	P. O. Box 7037, Midl	and, Texas 79708						
	Reason(s) for filing (Check proper box		Other (Please explain)					
	New Well	Change in Transporter of:	Effective 7-1-83					
	Recompletion	Oil Dry Gas Casinghead Gas Condens	, , , , , , , , , , , , , , , , , , , ,	name from Bill J. Graham				
	Change in Ownership	Casinghood Gas	addr Also change addr	<u> </u>				
	If change of ownership give name and address of previous owner	Bill J. Graham, P.O. Bo	ox 7037, Midland, Texas 7	79708				
II.	DESCRIPTION OF WELL AND	LEASE	rmation Kind of Lease	l.ease No.				
Lease Name Well No. Pool Name, Including			State Federal	or Fee				
	U.S. Smelting Federal	5 Double X Delaw	ware	- I GUETAI				
	Unit Letter P ;	990 Feet From The South Line	e and 330 Feet From T	he <u>East</u>				
	Line of Section 22 To	wnship 24S Range 3	32E , NMPM, Lea	County 2.1				
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)				
	Scurlock Oil Company	~~^	P O Box 4648 Houst	on. Texas 77210				
	Name of Authorized Transporter of Ca		Address (Give address to which approximately Phillips Building Od	essa, Texas 79760				
	Phillips Petroleum Com If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
	give location of tanks.	B 22 24S 32E	Yes					
		th that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completi-	on - (X)						
-	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				
		TURING CASING AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
3 7	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be at	fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
٧.	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (From, Panty, 200	,, с,				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
			Dhia	Gas-MCF				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	542 M.O.				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bots, Condensate/MMCF					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
% 7#	CERTIFICATE OF COMPLIAN	\	OIL CONSERVA	TION COMMISSION				
¥ 1.	CERTIFICATE OF COMPLIAN		APPROVED SEP 6 1983					
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.		BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
					Fran Stramburg		This form is to be filed in	compliance with RULE 1104.
							and the state of t	
(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	AGENT		All sections of this form must be filled out completely for allow-					
		Sitle) 27-83	able on new and recompleted w	T III and VI for changes of owner,				
		27-83 Date)	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.

(Date)