

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Gruy Petroleum Management Co. P. O. Box 140907 Irving, Texas 75014-0907		OGRID Number 162683
		Reason for Filing Code Name change effective 05/01/97
API Number 30 - 025-11939	Pool Name Langlie Mattix; 7 RVRS Q - Grayburg	Pool Code 37240
Property Code 22321	Formerly: Farnsworth 4 Property Name Change to: Rhodes Federal Unit	FROM: Well Number 13 TO: 46 48

II. Surface Location

UL or lot no. O	Section 04	Township 26S	Range 37E	Lot Ida	Feet from the 990	North/South Line South	Feet from the 1650	East/West line East	County Lea
--------------------	---------------	-----------------	--------------	---------	----------------------	---------------------------	-----------------------	------------------------	---------------

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code F	Producing Method Code P	Gas Connection Date 03/01/93	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	Texas New Mexico Pipeline	1369310	O	
020809	Sid Richardson	1369330	G	

IV. Produced Water

POD 1369350	POD ULSTR Location and Description
----------------	------------------------------------

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature: J. D. Highsmith
Printed name: J. D. Highsmith
Title: Manager Operations Administration
Date: December 22, 19997 Phone: (972) 401-3111

OIL CONSERVATION DIVISION
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR
Approved by:
Title:
Approval Date:

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
-----------------------------	--------------	-------	------