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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~DEVIATION~~ C.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 11 9 45 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **William F. Grauten**
Address **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Russell Federal	Well No. 4	Pool Name, Including Formation North Mason - Delaware East Mason Delaware R-3342	Kind of Lease State, Federal or Fee Federal	Lease No. 068281-B
Location Unit Letter C ; 865 Feet From The North Line and 2333 Feet From The West Line of Section 20 Township 26 S Range 32 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	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 20	Twp. 26S	Rge. 32E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/9/67	Date Compl. Ready to Prod. 4/3/67		Total Depth 4376		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3192.5 Control Head	Name of Producing Formation Delaware		Top Oil/Gas Pay 4374		Tubing Depth 4354			
Perforations open hole 4348-76					Depth Casing Shoe 4348			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4	7		986		250			
6 1/4	4 1/2		4348		60			
	2 3/8		4354					

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 4/3/67	Date of Test 4/6-7/67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 395-100	Casing Pressure 680-600	Choke Size 9/64
Actual Prod. During Test 61	Oil-Bbls. 55	Water-Bbls. 6	Gas-MCF 49.5

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

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.

H. L. Smith
(Signature)

Agent

(Title)

April 10, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.