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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~100 C.C.~~
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 23 3 55 PM '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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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

~~UNDESIGNATED~~

Lease Name Russell Federal	Well No. 5	Pool Name, including Formation East Mason Delaware	Kind of Lease Federal	Lease No. 068281-B
Location North Mason Delaware R-3342				
Unit Letter 0	330	Feet From The South	Line and 2112	Feet From The East
Line of Section 17	Township 26 S	Range 32 E	County 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)			
The Permian Corporation	Box 3119, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
None				
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't.	Diff. Res't.
Date Spudded 6/26/67	Date Compl. Ready to Prod. 7/14/67	Total Depth 4365		P.B.T.D. --				
Elevations (DF, RKB, RT, GR, etc.) 3168 CTCH	Name of Producing Formation Delaware	Top Oil/Gas Pay 4363		Tubing Depth 4346				
Perforations None - open hole 4352-65				Depth Casing Head 4352				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4	7		1.94		320			
6 1/4	4 1/2		4352		75			
	2 3/8		4346					

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 7/14/67	Date of Test 7/17/67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test: 5 hours	Tubing Pressure 40#	Casing Pressure 450-270	Choke Size 22/64
Actual Prod. During Test 35	Oil-Bbls. 33	Water-Bbls. 2	Gas-MCF 26.4

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

H. L. Smith
(Signature)

Agent

(Title)

July 25, 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.