NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

ILLEGIBLE

I.
Operator Greathouse & Lovelady Oil & Gas, Inc.

Address 405 N. Marienfeld, Midland, Texas 79701

Reason(s) for filing *(Check proper box)*

New Well [X]   Change in Transporter of: Other *(Please explain)*

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

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 State, Federal or Fee Federal	Lease No.
J. L. Crosby	1	Crosby-Devonian		LV034117

Location

Unit Letter _____ ; 660 Feet From The South Line and 1980 Feet From The West

Line of Section 14 Township 20S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X] El Paso Natural Gas Company	Address *(Give address to which approved copy of this form is to be sent)* 1000 Wilco Bldg, Midland, TX 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When Att. Dub Baulch

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-60-73	8-22-73	8100	

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3007 GR	Crosby Devonian	8060	8156

Perforations	Depth Casing Shoe
Open hole 8062 - 8100	8066

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 1/4	518	600
11	8 5/8	3504	570
7 7/8	5 1/2	8066	475
	2 3/8	8150	tubing string

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 top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test 9-10-73	Producing Method *(Flow, pump, gas lift, etc.)* Pump

Length of Test 24 hours	Tubing Pressure 15	Casing Pressure 15	Choke Size 3/4

Actual Prod. During Test	Oil - Bbls. 0	Water - Bbls. 16	Gas - MCF 1 cut

GAS WELL

Actual Prod. Test - MCF/D 244	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate

Testing Method *(pitot, back pr.)* Orifice Well Tester	Tubing Pressure *(**shut-in**)* 20	Casing Pressure *(**shut-in**)* 870	Choke Size 3/4

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.

_____
(Signature)

Production Superintendent
(Title)

9-11-73
(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.