ŀ		:		i					
DISTRIBUTE			ł						
SANTA FE		-	ł						
FILE	 								
u.s.g.s.	-								
LAND OFFICE			l						
TRANSPORTER	OIL	1	-	1					
	GAS								
OPERATOR			İ						
PRORATION OFF									
Operator									
Grace Petro	leum	Corp	ora	1					
Address				-					
Three Park Central, Suit									
Three Park (Jentr.		Reason(s) for filing (Check proper box)						
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	SANTA FE FILE U.S.G.S.	REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and Effective 1-1-55			
	LAND OFFICE TRANSPORTER OIL GAS	AUTHORIZATION TO TI	RANSPORT	OIL AND NATURAL (GAS			
	OPERATOR PROPATION OFFICE	-			· · · · ·			
1	Operator Grace Petroleum Corporation							
	Address Three Park Central, Su	Ereet, Denver, Colorado 80202						
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New Well Recompletion	Change in Transporter of: OII X Dry (Gas	Oil Transporter from: The Perm	changed ian Corp. Mac			
	Change in Ownership		ensate [orporation			
	If change of ownership give name and address of previous owner		·					
13	. DESCRIPTION OF WELL AND		*					
	Grace Federal 12 Well No. Pool Name, including I 1 Lybrook		Formation Kind of Lease State (Federal or Fee		L'ecse II			
	Location	Location						
	Unit Letter D; 860	Feet From The North L	ine and <u>86</u>	O Feet From T	ho West			
	Line of Section 12 Tox	waship 23 North Range	7 West	, NMPM, Rio A	rriba Coun			
111.	. DESIGNATION OF TRANSPORT		AS					
	Inland Corporation	Name of Authorized Transporter of Oil 🔯 or Condensate 🗌 Inland Corporation			ed copy of this form is to be sent) gton, NM 87401			
	Name of Authorized Transporter of Cas		Address (G	ive address to which approv	ed copy of this form is to be cent)			
	Grace Petroleum Corpora	Unit Sec. Twp. Pge.	1515 A	Central, Ste. 20 rapahoe Street, D				
	If well produces oil or liquids, give location of tanks.	D 12 23 N 7 W	۵١٠,	Yes	8/81			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Besty, Diff Back							
	Designate Type of Completio	on - (X) Oil Well Gas Well	I Mew Mett	Workover Deepen	Plug Back Some Res'v. Diff. Re			
	Date Spudded	Date Compl. Ready to Prod.	Total Depti	1	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Ga	s Pcy	Tubing Depth			
į.	Perforations		<u> </u>		Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AN	D CEMENTI	NG RECORD DEPTH SET	SACKS CEMENT			
			1					
V.	TEST DATA AND REQUEST FOOIL WELL.	OR ALLOWABLE (Test must be able for this d	epth or be for ;	full 24 hours)	nd must be equal to or exceed top al			
	Date First New Oil Run To Tanks	Date of Test	Producing M	tethod (Flow, pump, gas lift	, etc.)			
	Longth of Test	Tubing Pressure	Casing Pres	TIP CELL	HARA			
	Actual Prof. During Test	Oil-Bbls.	Water - Bbls	- Alm	Gas-MCF. 3			
			<u> </u>	NOV	23 1981			
	GAS WELL			l ou co	ON. COM.			
	Actual Prod. Test-MCF/D	Length of Teat	Bbls, Conds	anada/AMCF D	Gravity of Sandan falls			
	Testing Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Casing Pres	eure (Shut-in)	Choke Size			
[61. 60.1557/4	TION COMMISSION			
¥1.	CERTIFICATE OF COMPLIANC	E.		NOV 23 IS	181			
	I hereby certify that the rules and re Commission have been compiled wi above is true and complete to the	ith and that the information given	APPROV Or BY	iginal Signed by CHARLES				
•			TITLE_	DEPUTY OIL & GAS INS	SPECTOR, DIST. #3			
	1111		This	form is to be filed in co	ompliance with RULE 1104.			
RSBiggins (Signowe)			If this is a request for allowable for a nawly drillad or de- well, this form must be accompanied by a tabulation of the da-					
-	Manager of Coduction			tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for all				
	November 5, 1981	(Tule) November 5. 1981			while on new and recompleted wells. Fill out only Sections I. H. III, and VI for changes of own			
-	(Date	:)	well name	e or number, or transports	or other such change of condit			
			Sepa	rate Forms C-104 must	be filed for each pool in mult			

