

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-1.  
Effective 1-1-55

Operator Grace Petroleum Corporation	
Address 1515 Arapahoe Street, 3 Park Central, Suite 333, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Oil transporter changed from Inland Corporation to Giant Refining Co.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Grace Federal 6	Well No. 1	Pool Name, including Formation Lybrook-Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF078362
Location Unit Letter <u>K</u> : <u>1670</u> Feet From The <u>South</u> Line and <u>1820</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>23N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O.Box 256, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Co. of New Mexico	Address (Give address to which approved copy of this form is to be sent) Box 26400, Albuquerque, New Mexico 87125					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 6	Twp. 23N	Rge. 6W	Is gas actually connected? Yes	When 8/81

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 7-8-80	Date Compl. Ready to Prod. 8-10-80	Total Depth 5711	P.B.T.D. 5669
Elevations (DF, RKB, RT, GR, etc.) 6907 GL, 6919 KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5278	Tubing Depth 5286
Perforations 5278-80, 5386-90, 5396-5418, 5482-90, 5508-38 42 shots			Depth Casing Shoe 5711
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8-5/8"	330	250 sx Cla "B" circulated
7-7/8"	4-1/2"	5711	253 sx 50:50 Pozmix tai
DV tool		3002	w/50 sx Cla "B"
			564 sx 50:50 tailed w/5
			sx Cla "B"

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED BY <u>Frank J. Quire</u> TITLE <u>SUPERVISOR DISTRICT 15</u>	
Manager of Production (Signature) September 21, 1983 (Date)		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 multiple completed wells.	