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LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER 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-110
Effective 1-1-65

Operator
Grace Petroleum Corporation

Address
1515 Arapahoe Street, 3 Park Central, Suite 333, Denver, Colorado 80202

Reason(s) for filing *(Check proper box)*
New Well [ ]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [X] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*
Oil transporter changed from Inland Corporation to Giant Refining Co.

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Nancy 14	2	Lybrook Gallup	Fee	SF078360

Location
Unit Letter E ; 2245 Feet From The North Line and 790 Feet From The West
Line of Section 14 Township 23N Range 7W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
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 [X] or Dry Gas [ ]
Gas Co of NM

Address *(Give address to which approved copy of this form is to be sent)*
Box 4990 Albuquerque NM 87125

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	14	23N	7W	No	

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-18-80	10-1-80	5760	5718

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7092 KB	Gallup	5430	5614

Perforations	Depth Casing Shoe
5430-51, 5522-32, 5544-54, 5626-30 26 shots	5760

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	327	250 sx Cls "B"+2%CaCl2
7-7/8"	4-1/2"	5760	270 sx 50:50:2+7#salt/s +6.5# Gilsonite/sx,2nd (stage 805 sx50:50:2+7# salt/sx tailed (in w/50 sx Cls "B"

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	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**

SEP 26 1983
OIL CON. DIV.
DIST. 3

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

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.

R. W. Higgins
(Signature)
Manager of Production
(Title)
September 21, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1983
BY _____
TITLE SUPERVISOR DISTRICT #

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

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