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SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GA5		
OPERATOR			
PROBATION OFFICE			

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DISTRIBUTION SANTA FE	1	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
FILE	Request	REQUEST FOR ALLOWABLE Superseder Old C-104 and Effective 1-1-65		
U.S.G.S,	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	.S	
LAND OFFICE	-			
TRANSPORTER GAS	-			
OPERATOR			•	
PROBATION OFFICE Operator				
Grace Petroleum Corpo	ration			
Address				
	uite 200, 1515 Arapahoe St		0202	
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain) Oil Transporter	changed	
Recompletion	Oil X Dry Go			
Change in Ownership	Casinghead Gas Conder	nagte to: Inland Co	rporation	
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including F		Federal SF078359	
McBee 7	2 Lybrook Gallur		SF078359	
L 1.78	30 Fact From The South	ne and 790 Feet From Th	West	
Unit Letter;				
Line of Section 7 T	ownship 23 North Range 6 1	West , NMPM, Rio Arri	ba County	
ከድር፤ሮህላም!በህ በድ ፕ ይል <u></u> ህፍዎቤ፤	RTER OF OIL AND NATURAL GA	48		
Name of Authorized Transporter of O	II X or Condensate	Address (Give address to which approve	d copy of this form is to be sent)	
Inland Corporation		P. O. Box 1528, Farming		
Name of Authorized Transporter of C	•	Address (Give address to which approve 3 Park Central, Suite 2	00 -	
<u> </u>	Tation Colo Colo Man M	1515 Arapahoe St. Deny Is gas actually connected? When		
If well produces all or liquids, give location of tanks.	. L 7 23 N 6 W	Yes	8/81	
If this production is commingled w	with that from any other lease or pool,			
COMPLETION DATA	Oil Well Gas Well		Plug Back Some Resty, Diff, Resty	
Designate Type of Complet				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Makes Bush	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			COUNTY OF THE PARTY OF THE PART	
			KLULIYED \	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be o	after recovery of total volume of load all a epih or be for full 24 hours)	ulle got by see had backed top allo	
OII, WELL. Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas V	OHL. CON. COM.	
			DIST. 3	
Length of Test	Tubing Pressure	Casing Pressure	Croke Size	
	lou bu	Water-Bbls.	Gas-MCF	
Actual Prod. During Test	Oll-Bbis.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
GAS WELL		This contracts	Ceretty of Condana	
Actual Prod. Test-MCF/D	Length of Tast	Bble, Condensate/MMCF	Gravity of Condensate .	
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
reating wateon thinot once but				
CERTIFICATE OF COMPLIA	NCE	OIE CONSERVA	TION COMMISSION	
		WOV 200	JU 1	
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 LE LE CHA	RIES GHOLSON	
		BY		
•		TITLE DEPUTY OIL & GAS IN	Zafund aru, ara	
		This form is to be filed in c	ompliance with RULE 1104.	
· Astoriaina		were to a convent for allow	able for a newly drilled or deepen	
Con (Si)	(nature)	well, this form must be accompant tests taken on the well in accompand	iled by a tabulation of the Ceviati	
Manager of Production		All nections of this form mu-	at be filled out completely for allo	
(Ticle)	able on new and recompleted we	lls.	

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 November 5, 1981 (Date)