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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| INANGPORTER | GAS | | |
| OPERATOR | | | |
| PRORATION OF | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

| FILE | | AND | | Effective 1-1- | 65 |
|--|---|---|-------------------|---|--------------------|
| U.S.G.S. | AUTHORIZATION TO TRAI | NSPORT OIL AND N | IATURAL G | AS | |
| LAND OFFICE | | | | | |
| TRANSPORTER GAS | | | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |
| Operator | | | | | |
| Grace Petroleum Corpor | ation | | | | |
| 3 Park Central - Suite | 333, 1515 Arapahoe St., | Denver, CO 802 | 202 | | |
| Reason(s) for filing (Check proper bo. | x) | Other (Please | explain) | | |
| New Well Recompletion | Change In Transporter of: Oil X Dry Gas | | | changed from I | |
| Change in Ownership | Casinghead Gas Conden | | 11011 to G. | iant Refining | ω. |
| V - 1 | | | | | |
| If change of ownership give name and address of previous owner | | | | | |
| DESCRIPTION OF WELL AND | LEASE | | | | |
| Lease Name | Well No. Pool Name, Including Fo | ormation | Kind of Lease | _ | Lease No. |
| Benn 9 | l Lybrook Gallu | ıp | State, Federal | or Fee Federal | NM080273 |
| Location | North | 330 | Feet From T | East | |
| Unit Letter H; 22 | Feet From The North Line | e and | Feet From T | he | |
| Line of Section 9 | ownship 23 North Range 7 | West , NMPM | , Rio Arr | iba | County |
| | | | | | |
| DESIGNATION OF TRANSPOR | RTER OF OIL AND NATURAL GA | S Address (Give address | to which approx | ed copy of this form is | to be sent) |
| Giant Refining Co. | ٠٠ ميا | P. O. Box 256, | Farmingt | on, NM 87401 | |
| Name of Authorized Transporter of C | asinghead Gas 💢 💮 or Dry Gas 🗀 | Address (Give address | to which approv | | to be sent) |
| Grace Petroleum Corpor | | 1515 Arapahoe 3 Park Central Is gas actually connect | <u> – Suite </u> | 333, Denver, | CO 80202 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Age. H 9 23N 7W | Yes | | 1/11/61 | |
| | with that from any other lease or pool, | <u> </u> | | | |
| COMPLETION DATA | | | | Tour Day I Come D | es'v. Diff. Res'v. |
| Designate Type of Complet | ion - (X) | New Well Workover | Deepen | Plug Back Same R | es.v. Dill. Res.v. |
| Date Spudded | Date Compl. Ready to Proc. | Total Depth | | P.B.T.D. | |
| Date Spudded | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | |
| | | <u> </u> | | Depth Casing Shoe | |
| Perforations | | | | Dopair County and | |
| | TUBING, CASING, AND | CEMENTING RECOR | ł D | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH \$ | ET | SACKS CE | EMENT |
| | | | | | |
| | | | | | |
| | | 1 | | | |
| TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a | fter recovery of total vol | ime of load oil | and must be equal to o | r exceed top allow |
| OIL WELL | able for this de | epth or be for full 24 hour Producing Method (Flo | | ft, etc.) | |
| Date First New Cil Run To Tanks | Edie of Tear | , | | • | |
| Length of Test | Tubing Pressure | Casing Pressure | | Choke Size | of the same |
| | | | | PARI | 13 MM |
| Actual Pred, During Test | Oil-Bbls. | Water - Bbls. | | GOR - IMOSE! | |
| <u> </u> | | | \$ 1. Q | Unit 2 & 1983 | |
| GAS WELL | | | | 5014 11 T | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMC | CF | Gravity of Condense | ite. e |
| | | Casing Pressure (Shu | | Choke Size | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Canna i ionadio (amo | , | | |
| CERTIFICATE OF COMPLIA | NCF | OIL | CONSERVA | ATION COMMISSI | ON |
| CERTIFICATE OF COMPETA | HOL | | | | ×. |
| I hereby certify that the rules an | d regulations of the Oil Conservation | APPROVED | Original Sig | ned by FRANK T. CH | TAVĖŽ |
| Commission have been complied above is true and complete to t | with and that the information given the best of my knowledge and belief. | SUPERVISOR DISTRICT # 3 | | | |
| | | | | | |
| | | 11 | to be filed in | compliance with RU | LE 1104. |
| Roll & carin | s | 11 | | mable for a newly di | illed or deepene |
| R. A. Higgins (Si | (nature) | well, this is a request for allowable for a tabulation of the deviation with the form must be accompanied by a tabulation of the deviation with 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. | | | |
| Manager of Pro | | | | | |
| • | Title) | able on new and | ecombiated w | LT for s | hanges of owne |
| October 20, 19 | (Date) | 11 11 | SEC OF TRAILEDO | it, iii, and vi io, i eter, or other such ch st be filed for each | |
| | | Separate For completed wells. | ms C-104 mu | er of 11100 tot 000 | • |
| | | | | | |