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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-11
Effective 1-1-55

I. Operator
Grace Petroleum Corporation

Address
Three Park Central, Suite 200, 1515 Arapahoe Street, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Oil Transporter changed	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	from: The Permian Corp. <i>mo</i>	
		Condensate	<input type="checkbox"/>	to: Inland Corporation	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Rogers 24	Well No.	1	Pool Name, including Formation	Lybrook Gallup	Kind of Lease	State, Federal or Fee Federal	Lease No.	SF078360
Location									
Unit Letter	L	660	Feet From The	West	Line and	1980	Feet From The	South	
Line of Section	24	Township	23 North	Range	7 West	NMPM,	Sandoval	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Inland Corporation	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1528, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 24	Twp. 23 N	Rge. 7 W	Is gas actually connected?	No	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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. Higgins
(Signature)
Manager of Production

November 5, 1981

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 23 1981**

BY Original Signed by **CHARLES GHOLSON**

TITLE **DEPUTY OIL & GAS INSPECTOR DIST 43**

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

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate 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.