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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-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 <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"/>
Recompletion <input type="checkbox"/>	Other (Please explain) Change of transporter from Inland Corporation to Giant Refining Co.
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal 19	Well No. 1	Pool Name, Including Formation Lybrook-Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF078360
Location Unit Letter <u>D</u> ; <u>900</u> Feet From The <u>North</u> Line and <u>890</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>23N</u> Range <u>6W</u> , NMPM, Sandoval 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 D	Sec. 19	Twp. 23N	Rge. 6W	Is gas actually connected? Yes	When 5/82

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 7/29/80	Date Compl. Ready to Prod. 9/21/80	Total Depth 5665		P.B.T.D. 5624					
Elevations (DF, RKB, RT, GR, etc.) 6962 KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5250		Tubing Depth 5268					
Perforations 5280-84, 5428-32 5280-68, 5350-56, 5448-52		23 shots .34" hole		Depth Casing Shoe 5665					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12.25	8.625	328		250 sx + 2% CaCl ₂					
7.875	4.5	5665		250 sx 50:50:2+6.25#					
		Gilsonite/sx		tailed w/50 sx 2nd Stg					
DV Tool		2977		800 sx 50:50:2 tailed in 50 sx "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 (pilot, 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. Higgins
(Signature)

Manager of Production

September 22, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

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 multiply completed wells.