

Submittal 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 11-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Graham Royalty, Ltd.	Well API No. 3004525244
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Address
1675 Larimer, #400, Denver, CO 80202

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change is Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change is Operator ☐ Casinghead Gas ☒ Condensate ☐

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dome Federal 24	Well No. 21	Pool Name, including Formation WC Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. NM40025
Location Unit Letter <u>C</u> : <u>510</u> Feet From The <u>North</u> Line and <u>1920</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>23N</u> Range <u>8W</u> , <u>NMPLM</u> San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Gary-Williams Energy Corp.	Address (Give address to which approved copy of this form is to be sent) 370 17th, Suite 5300, Denver, CO 80202
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Bannon Energy Corp.	Address (Give address to which approved copy of this form is to be sent) 3934 FM 1960 West, #240, Houston, TX 77068
If well produces oil or liquids, give location of tanks	Unit <u>C</u> Sec <u>24</u> Twp <u>23N</u> Rgn <u>8W</u> Is gas actually connected? <u>Yes</u> When? <u>Unknown</u>

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 v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D.F., R.R.B. 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 Tank	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.

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF
Testing Method (pump, back pr.)	Tubing Pressure (Sbbls./in)	Casing Pressure (Sbbls./in)

OIL CON. DIV.
DIST. 3

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature C. C. Robbins Reg. Affairs Super.
Printed Name C. C. Robbins Title Reg. Affairs Super.
Date 6/12/90 Telephone No. 303-629-1736

OIL CONSERVATION DIVISION

Date Approved JUN 14 1990

By [Signature]
Title SUPERVISOR DISTRICT 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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