

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3072

**RECEIVED**  
NOV 01 1985  
OIL CON. DIV.  
DIST. 3

I. Operator  
**Graham Royalty, LTD.**

Address  
**One Barclay Plaza, 1675 Larimer Street, Suite 400, Denver, CO 80202**

Reason(s) for filing (Check proper box)  
 New Well        
 Recompletion        
 Change in Ownership

Change in Transporter of:  
 Oil  Dry Gas   
 Casinghead Gas  Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name (if any) <b>State 16</b>	Well No. <b>43</b>	Pool Name, including Formation <b>Nageezi Gallup</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>LH0007</b>
Location Unit Letter <b>I</b> ; <b>1650</b> Feet From The <b>South</b> Line and <b>790</b> Feet From The <b>East</b>				
Line of Section <b>16</b> Township <b>23N</b> Range <b>8W</b> , NMPM, <b>San Juan</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183, Houston, TX 77001</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Gas Company of New Mexico</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3308, Albuquerque, NM 87109</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>16</b>	Twp. <b>23N</b>	Rge. <b>8W</b>
Is gas actually connected?		When		
<b>Yes</b>		<b>10/24/85</b>		

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>12-19-81</b>	Date Compl. Ready to Prod. <b>10-8-85</b>		Total Depth <b>5306</b>		P.B.T.D. <b>5242</b>			
Elevations (DF, RAB, RT, GR, etc.) <b>RKB</b>	Name of Producing Formation <b>Gallup</b>		Top Oil/Gas Pay <b>4855</b>		Tubing Depth <b>4799</b>			
Perforations <b>4855-5175 OA-14 Holes</b>						Depth Casing Shoe <b>5306</b>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 "	257	200
7 7/8	4 1/2 "	5306	1125
	2 3/8 "	4799	-

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 <b>10-8-85</b>	Date of Test <b>10-24-85</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>21 Hours</b>	Tubing Pressure <b>50 psi</b>	Casing Pressure <b>600</b>	Choke Size <b>3/4</b>
Actual Prod. During Test	Oil - Bbls. <b>50 57</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>45</b>

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*[Signature]*  
Manager of Operations  
October 24, 1985

OIL CONSERVATION DIVISION  
**AUG - 5 1987**

APPROVED \_\_\_\_\_  
BY **DEPUTY OIL & GAS INSPECTOR, DIST. #3**  
TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #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 multiple-completed wells.