HO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		_
U.S.G.S.		
LAND OFFICE		
OIL	7	
GAS	7	
OPERATOR		
	OIL	ON /

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO T	TRANSPORT OIL AND NATURAL G	AS A IY		
LAND OFFICE	<del>  </del>		10,10,		
TRANSPORTER GAS /			P		
OPERATOR /			P1 30-039-22105		
PRORATION OFFICE		•	# ( )0~0)3~1210)		
Operator					
Grace Petroleum Cor	poration				
Address	201401011				
	te 200, 1515 Arapahoe St		)202		
Reason(s) for filing (Check proper		Other (Please explain)			
New We!I	Change in Transporter of:				
Recompletion		y Gas			
Change in Ownership	Casinghead Gas Co	ondensate			
If change of ownership give nar and address of previous owner	ie .				
DESCRIPTION OF WELL A	ND LEASE				
Lease Name	Well No. Pool Name, Includin	•	1		
Grace Federal	1 Escrito Gal	11up State, Federal	or Fee Federal \$F-07892		
Location					
K Unit Letter ;;	1650 Feet From The South	Line and 1730 Feet From T	<sub>he</sub> West		
JAN 201101 1 1		·			
Line of Section 21	Township 24N Range	7W , NMPM, Rio Ar	riba County		
<del></del>					
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	GAS			
Name of Authorized Transporter o		Address (Give address to which approv	ed copy of this form is to be sent)		
Merit Oil Corporation	1	Ste 300, 300 W. Arrino	ton, Farmington, NM 87		
Name of Authorized Transporter o		Address (Give address to which approv			
El Paso Natural Gas	_	P. O. Box 990, Farmingt	on, New Mexico 87401		
	Unit Sec. Twp. P.ge.				
If well produces oil or liquids, give location of tanks.	K 21 24N 7W	No 1/	/1/80		
If this production is commingled COMPLETION DATA	i with that from any other lease or po	Jos, Rive communitating order number:	<u> </u>		
	Oil Well Gas Wel	ll New Well Workover Deepen	Plug Back   Same Resty. Diff. Rest		
Designate Type of Comp	etion – (X)	x			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
8/26/79	10/31/79	6230' KB	6162' KB		
Elevations (DF, RKB, RT, GR, et		Top Oil/Gas Pay	Tubing Depth		
	/	!	5974'		
7098' GL, 7110' KB	Gallup	5656	Depth Casing Shoe		
5728-301 5756-581, 56	68-70,5682-84,5704-06	',5711-13', 5716-18', -30',5894-5914',5959-64',	6230' KB		
5071-7/1 6006 001 60	9-261 TIBLE CASING	AND CEMENTING RECORD 6082-90			
			) - , 6100-04 - , 6122-28 - W/ L		
HOLETSIZE	CASING & TUBING SIZE		<del></del>		
12¼"	8 5/8"	311' KB	225sx Class R Cmt		
7 7/8"	412"	6230' KB	500sx50/50 Pozmix		
			2% gel, 10% salt		
			<u> </u>		
TEST DATA AND REQUES	FOR ALLOWABLE (Test must	be after recovery of total volume of load oil o	and must be equal to or exceed top allo		
OIL WELL	able for thi	is depth or be for full 24 hours)			
Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas lif	i, eic./		
Test .	11/27/79	Pump	10)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs	15 psig	25 psig	N/A		
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF		
	32.5	2	68/		
GAS WELL		·			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			diavity, or contaminate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
•	, ,				
CERTIFICATE OF COMPL	ANCE	OIL CONSERVA	TION COMMISSION		
CERTIFICATE OF COMPL	7314 C E	IAN 1 0 40			
	A	APPROVED JAN 18 19	JOU, 19		
C	and regulations of the Oil Conservati ed with and that the information giv	ven	CHAVE7		
above is true and complete to	the best of my knowledge and beli	By Original Signed by FRANK T. CHAVEZ			
-		SUPERVISOR DISTRICT # 3	TITLE SUPERVISOR DISTRICT # 3		
$\rho$	- 1	4!			
V -		This form is to be filed in c	compliance with RULE 1104.		
Sett.	/hn/l	If this is a request for allow	able for a newly drilled or deepen		
	Signature)	well, this form must be accompant tests taken on the well in accompand	vied by a fabriation of the design		
Southern District Or	perations Manager	tests taken on the west in accor	st be filled out completely for allo		
- sourcern DISTYICE Of	VELALIUUS MAUAURI	II All sections of this form mu	-,,,		

(Title) December 5, 1979

(Date)

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.