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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-110  
Effective 1-1-55

Operator Grace Petroleum Corporation	
Address 1515 Arapahoe Street, 3 Park Central, Suite 333, Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change transporter from Inland Corporation to Giant Refining Co.	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Grace Federal 21	Well No. 1	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078924
Location				
Unit Letter K	1650	Feet From The South	Line and 1730	Feet From The West
Line of Section 21	Township 24N	Range 7W	NMPM, Rio Arriba	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"/> <del>P. O. Box 990, Farmington, New Mexico 87401</del>	Address (Give address to which approved copy of this form is to be sent) <del>P. O. Box 990, Farmington, New Mexico 87401</del>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 21 24N 7W
Is gas actually connected?	When Yes 4/80

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 8/26/79	Date Compl. Ready to Prod. 10/31/79	Total Depth 6230' KB		P.B.T.D. 6162' KB					
Elevations (DF, RKB, RT, GR, etc.) 7098 GL, 7110' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5656		Tubing Depth 5974'					
Perforations 5656-58', 5668-70', 5682-84', 5704-06', 5711-13', 5716-18', 5728-30', 5761-5784', 5798-5802', 5810-12', 5828-30', 5894-4914', 5959'-64', 5971-74', 6006-08', 6019-26',		TUBING, CASING, AND CEMENTING RECORD 6082-90', 6100-04', 6122-28'w/1SPF							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	311' KB		225 sx C1 "B" cmt					
7-7/8"	4-1/2"	6230' KB		500 sx 50/50 Pozmix 2% gel, 10% salt					

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.

Manager of Production

September 23, 1983

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SEP 26 1983  
19  
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