DISTRIBUTION SANTA FE	•	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65
U.S.G.S. LAND OFFICE TRANSPORTER OIL	AUTHORIZATION TO TRA	MSPORT OIL AND NATURAL G	as QK
OPERATOR PROBATION OFFICE Operator Grace Petroleum Corpo	<i>APJ - 30-039</i>	7- 22117	
Addre	lite 200, 1515 Arapahoe	Street, Denver, CO 80202	2
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well X Recompletion Change in Ownership	Off Dry Go: Castaghead Gas Conden		. 19 #1
If change of ownership give name and address of previous owner			
1. DESCRIPTION OF WELL AND Lease Name -Grace L.	LEASE Well No. Fool Name, Including Fool Z + Devil's Fork	la =,	Lease No.
Location K 165) Feet From The West Lin	e and1880 Feet From T	The South
	nship 24N Range	6W , NMPM, Rio Ar	rriba County
I DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.S Addiess (Give address to which appro-	ed copy of this form is to be sent)
Nume of Authorized Transporter of OH Merit Oil Corporation Use of Authorized Transporter of Car	einghead Gas 🔃 or Dry Gas 🔀	Ste. 300, 300 W. Arring Address Give address to which approx Ste. 1800, 1st Internat	gton, Farmington, NM 8740 red copy of this form is to be sent) 7527 tional Bldg., Dallas, TX
Gas Company of New Me If well produces oil or liquids, give location of tanks.	K 19 24N 6W	Is gas actually connected? Whe	1-1-80
If this production is commingled wive. COMPLETION DATA Designate Type of Completion	th that from any other lease or pool, $\frac{\text{Cil Well}}{\text{cn} = (X)} = \frac{\text{Gas Well}}{X}$	give commingling order number. Norkover Deepen	Plug Back Same Resty. Diff. Resty.
Date Sprished	Date Compl. Ready to Fred.	Total Depth	P.B.T.D.
7-16-79 Elevation (DF, RKB, RT, GR, etc.)	10-5-79 Name of Freducing Formation	5985* Top Off/Gas Pay	5940' Tubing Depth
6974' GR 6986' KB	Gallup	5806-08'	5860.33' Depth Casing Shoe
5765-67', 5736-38', 5	716-18', 5701-04', 5695 TUBING, CASING, AND	-97', 5682-87', 5799-580 CEMENTING RECORD	04'; 5984'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4" 7-7/8"	8-5/8" 4-1/2"	320' KB 5079.09	225 500 sx 50/50 pozmix,
			2% gel
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li)	
Date First New Cil Pun To Tanks	Date of Test		Anoke Size
Length of Test	Tubing Fressure	Casing Pressure	
Actual Prod. During Test	CII-Pbis.	Water-Eible.	Gga - MCF
GAS WELL		The state of the s	Gravity of Condensate
Actual Prod. Test-MCF/D 370	Length of Test 24 hrs	Bbls. Condensate/MMCF	N/A at this time
Leating Method (pitot, back pr.)	Tubing Prensure (Shut-in)	Casing Fressure (shut-in) 325	Choke Size
Back pressure I. CERTIFICATE OF COMPLIAN	<u> </u>		ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Scotty A. Smith		APPROVED	
		DETUTE OF THE PROPERTY OF THE	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended 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 filled for each pool in multiply	
	•	completed wells.	