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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-1
Effective 1-1-65

I.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Grace Federal 24</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Beckito Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF078563</u>
Location Unit Letter <u>C</u> ; <u>950</u> Feet From The <u>North</u> Line and <u>1640</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>24N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> 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"/> <u>Giant Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 256, Farmington, New Mexico 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Gas Co. of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 26400, Albuquerque, New Mexico 87125</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>24</u>	Twp. <u>24N</u>	Rge. <u>7W</u>	Is gas actually connected? <u>Yes</u>	When <u>11/81</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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tn.	Diff. Res'tn.
Date Spudded <u>3/13/80</u>	Date Compl. Ready to Prod. <u>7/23/80</u>	Total Depth <u>5720</u>	P.B.T.D. <u>5677</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6644 GR</u>	Name of Producing Formation <u>Gallup</u>	Test Oil/Gas Pay <u>5270</u>	Tubing Depth <u>5330</u>					
Perforations <u>5550, 5540, 5513, 5511, 5480, 5478, 5474, 5472, 5454, 5452, 5376, 5373, 5367, 5360, 5356, 5326, 5324, 5316, 5312, 5308, 5304, 5300 & 5296 w/1 SPF .38" holes.</u>		Depth Casing Shoe <u>5720</u>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4</u>	<u>8-5/8"</u>		<u>330</u>		<u>300 sx Cl "D"</u>			
<u>7-7/8</u>	<u>4-1/2"</u>		<u>5720</u>		<u>1st 275 sx</u> <u>2nd 400 sx</u>			

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	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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 24, 1983

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 multiple completed wells.