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## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.			
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GIL CONL BAYS

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Tiffany Gas Co.  Address  P. O. Box 50, Farmington, N.M. 87499  Research; for filing (Check proper box)  New Well  Recompletion  Change in Transporter of:  Oil  Dry Gas  Condensore  Condensore  If change of ownership give name and address of previous owner  Grace Petroleum Corp., 1515 Araphoe St., Denver, Colo. 80202  II. DESCRIPTION OF WELL AND LEASE  Lease Name Grace Federal 24  1 Devils Fork-Gallup  State, Federal or Fee Federal \$F078563  Location  Unit Letter  C 950  Feet From The  North Line and Line and Line of Section  Address Gaze Federal 24  Township 24N  Range 7W  NMPM, Rio Arriba  County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil \$\omegaz\$ or Condensate  P. O. Box 1429, Bloomfield, N.M. 87413  Name of Authorized Transporter of Casinghead Gas  Conoco  Range of Authorized Transporter of Casinghead Gas  Till well produces all or liquids, Casinghead Gas
Reson(s) for filing (Check proper box)    New Weil
P. O. Box 50, Farmington, N.M. 87499  Reston(s) for filing (Check proper box)   New Well   Change in Transporter of:   Dry Gas     Recompletion   Coll   Dry Gas     Recompletion   Coll   Dry Gas     Recompletion   Coll   Dry Gas     Recompletion   Coll   Dry Gas     Recompletion   Condensate   Condensate     Recompletion   Condensate   Condensate     Recompletion   Condensate   Recompletion   Rind of Lease   Lease No.     Grace Federal 24   1 Devils Fork-Gallup   State, Federal or Fee Federal   SF078563     Lease No.   Condensate   Recompletion   Rind of Lease   Lease No.     Grace Federal 24   1 Devils Fork-Gallup   State, Federal or Fee Federal   SF078563     Lease No.   Condensate   Recompletion   Range 7W   NMPM, Rio Arriba   County     III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   P. O. Box 26400, Albuquerque, N.M. 87413     Name of Authorized Transporter of Casinghead Gas   Tor Dry Gas   P. O. Box 26400, Albuquerque, N.M. 87125     Recompletion   Rec
Reson(s) for filing (Check proper box)  New Well  Recompletion  Recomple
New Well   Change in Transporter of:
Recompletion
Condensate   Con
II. DESCRIPTION OF WELL AND LEASE  Lease Name Grace Federal 24  I Devils Fork-Gallup  State, Federal or Fee From The Unit Letter  : 950  Feet From The Line and Line
Lease Name
Lease Name
Lease Name
Care   Name   Care   Pool   Name, including   Formation   State, Federal   Care   Sederal   Se
Grace Federal 24  Location  Unit Letter  C 950 Feet From The North Line and Line and North Line
Unit Letter : 950 Feet From The North Line and 1640 Feet From The West  Line of Section 24 Township 24N Range 7W , NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil (XX) or Condensate Address (Give address to which approved copy of this form is to be sent)  Conoco P. O. Box 1429, Bloomfield, N.M. 87413  Name of Authorized Transporter of Casinghead Gas (Give address to which approved copy of this form is to be sent)  Gas Co. of N.M.  If well produces oil or liquids, C 24 24N 7W Yes 11/81  If this production is commingled with that from any other lesse or pool, give commingling order number:
Unit Letter : 950 Feet From The North Line and 1640 Feet From The West  Line of Section 24 Township 24N Range 7W , NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)  Conoco P. O. Box 1429, Bloomfield, N.M. 87413  Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)  Gas Co. of N.M.  If well produces oil or liquids, or Did Sec. Twp. Rgs. Is gas actually connected? The production of tanks. Co. 24 24 24N 7W Yes 11/81  If this production is commingled with that from any other lesse or pool, give commingling order number:
Line of Section 24 Township 24N Range 7W , NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)  Conoco P. O. Box 1429, Bloomfield, N.M. 87413  Name of Authorized Transporter of Casinghead Gas Tor Dry Gas Address (Give address to which approved copy of this form is to be sent)  Gas Co. of N.M.  If well produces all or liquids, quell produ
Line of Section 24 Township 24N Range 7W , NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate
III, DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)  Conoco  P. O. Box 1429, Bloomfield, N.M. 87413  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  P. O. Box 26400, Albuquerque, N.M. 87125  If well produces oil or liquids, C. 24 24N 7W yes 11/81  If this production is commingled with that from any other lease or pool, give commingling order number:
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate
Name of Authorized Transporter of Oil XX or Condensate  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1429, Bloomfield, N.M. 87413  Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 26400, Albuquerque, N.M. 87125  If well produces oil or liquids,
Name of Authorized Transporter of Oil XX or Condensate  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1429, Bloomfield, N.M. 87413  Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 26400, Albuquerque, N.M. 87125  If well produces oil or liquids,
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1429, Bloomtretd, N.M. 87413  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 26400, Albuquerque, N.M. 87125  If well produces oil or liquids, C   24   24N   7W   Yes   11/81  If this production is commingled with that from any other lease or pool, give commingling order number:
Name of Authorized Transporter of Casinghead Gas are Dry Gas Address (Give address to which approved copy of this form is to be sent)  P. O. Box 26400, Albuquerque, N.M. 87125  If well produces oil or liquids, Give address to which approved copy of this form is to be sent)  P. O. Box 26400, Albuquerque, N.M. 87125  If well produces oil or liquids, Give address to which approved copy of this form is to be sent)  P. O. Box 26400, Albuquerque, N.M. 87125  If well produces oil or liquids, Give address to which approved copy of this form is to be sent)  P. O. Box 26400, Albuquerque, N.M. 87125  If this production is commingled with that from any other lease or pool, give commingling order number:
Gas Co. of N.M.  P. O. Box 26400, Albuquerque, N.M. 87125  If well produces oil or liquids, que location of tanks.  C 24 24N 7W yes 11/81  If this production is commingled with that from any other lease or pool, give commingling order number:
If well produces all or liquids, C 24 24N 7W yes 11/81  If this production is commingled with that from any other lease or pool, give commingling order number:
If this production is commingled with that from any other lease or pool, give commingling order number:
If this production is commingled with that from any other lease or pool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.
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VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION . 4 1 1000
1 1988
I hereby certify that the rules and regulations of the Oil Conservation Division have  APPROVED  19
been complied with and that the information given is true and complete to the best of my knowledge and belief.
TITLE SUPERVISOR DISMOT RE
This form is to be filed in compliance with BULE 1104.
Alexand Daniell If this is a request for allowable for a newly drilled or deepens
(Signature)   well, this form must be accompanied by a tabulation of the deviation
Production Clerk tests taken on the well in accordance with AULE 111.
(Title) All sections of this form must be filled out completely for allow
i this as any and rependent wells
December 30 1997
i able on new and recompleted wells.