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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-11
Effective 1-1-55

Operator Grace Petroleum Corporation		
Address Three Park Central, Suite 200, 1515 Arapahoe Street, Denver, Colorado 80202		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Oil Transporter changed
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	from: The Permian Corp. <i>MAC</i>
Change in Ownership <input type="checkbox"/>		to: Inland Corporation

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mesa 25	Well No. 3	Pool Name, including Formation Escrito Gallup	Kind of Lease State <input checked="" type="checkbox"/> Federal or Fee Federal	Lease No. SF078532
Location Unit Letter <u>M</u> ; <u>960</u> Feet From The <u>South</u> Line and <u>960</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>24 North</u> Range <u>7 West</u> , NMPM, Rio Arriba 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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Grace Petroleum Corporation <i>Gas Co. of N.M.</i>	Address (Give address to which approved copy of this form is to be sent) 1515 Arapahoe Street 3 Park Central, Ste. 200, Denver, CO 80202	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 25
	Twp. 24 N	Rge. 7 W
	Is gas actually connected? Yes When 11/81	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

I. 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.

RR Higgins
(Signature)
Manager of Production

(Title)

November 5, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 23 1981, 19

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviated 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 multiple.