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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

B.K.

Operator	Grace Petroleum Corporation		
Address	Three Park Central, Ste 200, 1515 Arapahoe, Denver, Colorado 80202		
Reason(s) for filing (check proper box)	Other (Please explain)		
New Well ☒	Change In Transporter of:		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change In Ownership ☐	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name
and address of previous owner

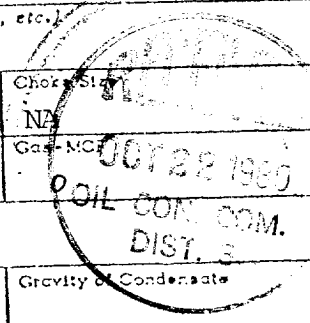
DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Free	
Connie 28	1	Federal	SF078294
Location			
Unit Letter	H	1850 Feet From The	North Line and 475 Feet From The East
Line of Section	28	Township	24N Range 7W, NMPL, Rio Arriba County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐	300 W Arrington, Suite 300		
Merit Oil Corporation	Farmington, New Mexico 87401		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	P.O.Box 990, Farmington, New Mexico 87401		
El Paso Natural Gas Co.			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	H	28	24N
			7W
			No

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Designate Type of Completion - (X)		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
5/13/80		5829		5788					
Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
6991 KB	Gallup	5546		5722					
Perforations		5546-74, 5632-36, 5728-31, 5756-62, 24 shots, .34" hole		Depth Casing Shoe					
				5829					
TUBING, CASING, AND CEMENTING RECORD		HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
		12.25		8.625 24#/ft		313		225 sx "B"+2% CaCl ₂	
		7.875		4.5 10.5#/ft		5829		600 sx 50:50:2 tailed	
						3/50 sx "B"		2nd stg 500 sx 35:65:6	
						3008		tailed w/50 sx "B"	
DV Tool									

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.)	
7/18/80	9/5/80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8 hr	25	100	NA
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	2.52	trace	



GAS WELL		Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)		

VI. 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.

Kim D. Lucka
(Signature)

Operations Engineer
(Title)

10/17/80
(Date)

OIL CONSERVATION COMMISSION
APPROVED JAN 27 1981, 19

Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #3

TITLE

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 wells.