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TRANSPORTER	OIL	
	GAS	
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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
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 from: The Permian Corp. MOC to: Inland Corporation
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

Lease Name Connie 29		Well No. 1	Pool Name, including Formation Lybrook-Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF07892
Location Unit Letter <u>0</u> : <u>970</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>24 N</u> Range <u>7 W</u> , NMPM, Rio Arriba County					

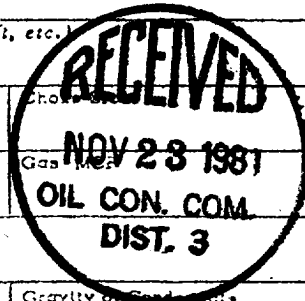
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Grace Petroleum Corporation <u>EPNG Co.</u>		Address (Give address to which approved copy of this form is to be sent) 3 Park Central, Suite 200 <u>1515 Arapahoe Street, Denver, CO 80202</u>				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29	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:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res.
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 all able 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-Bbls.



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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION NOV 23 1981	
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.		APPROVED _____, 19____	
		BY Original Signed by CHARLES GHOLSON	
		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3	
R. A. Higgins (Signature) Manager of Production		This form is to be filed in compliance with RULE 1104.	
(Title)		If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.	
November 5, 1981 (Date)		All sections of this form must be filled out completely for all wells on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-	

