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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 1-1-65

Corrected

B.K.

Operator Grace Petroleum Corporation	
Address 1515 Arapahoe Street, 3 Park Central, Suite 200, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Free</i> Federal 35	Well No. 1	Pool Name, including Formation <i>Lybrook Escabito Gallup</i>	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078534
Location				
Unit Letter D	890	Feet From The North	Line and 830	Feet From The West
Line of Section 35	Township 24N	Range 7W	, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Merit Oil Corporation	300 W. Arrington, Ste. 300, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P.O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twp. 24N	Rge. 7W	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-7-80	Date Compl. Ready to Prod. 10-28-80	Total Depth 5820'	P.B.T.D. 5778'					
Elevations (DF, RKB, RT, GR, etc.) 7021' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5298'	Tubing Depth					
Perforations 5298- 5304', 5412-16', 5472-88', 5516-24', 5532-42', 5600-06'	Depth Casing Shoe 5720'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.25	8.625		328'		260 sx + 2% CaCl ₂			
7.875	4.5		5820'		260 sx 50:50:2+6.25# Gils.			
			2789'		onite/sx 7# salt/sx, 2nd stg			
DV Tool			710		sx 50:50:2 tailed w/50 sx			

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 9-19-80	Date of Test 10-31 - 11-3-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 96 hours	Tubing Pressure 25 psig	Casing Pressure 100	Choke Size N/A
Actual Prod. During Test 13.44	Oil-Bbls. 13.44	Water-Bbls. Trace	Gas-MCF No Measurable

GAS WELL

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

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)
11-3-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED *NOV 11 1980*, 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 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 multiply completed wells.